



**State of Rhode Island and Providence Plantations  
Office of the Secretary of State**

Division Of Business Services  
148 W. River Street  
Providence RI 02904-2615  
(401) 222-3040

**Certificate Request Form**

**Request Information**

ID	ENTITY NAME	CERTIFICATE TYPE
000788212	CAPALBO DENTAL GROUP OF WAKEFIELD, LLC	Certificate of Good Standing

**Filer's Contact Information**

*(Enter a contact name, mailing address and email.)*

Contact Name: Thomas J. Capalbo, III

Business Name: Capalbo, Capalbo & Hartford, LLC

No. and Street: 67 High Street

City or Town: Westerly State: RI Zip: 02891 Country: USA

Contact Phone: 401-596-2780 ext:

Contact Email: tjc3@cchlawoffice.com

**Please provide an email address to receive an expedited response from us if the filing is rejected for any reason. If no email address is provided, we will respond by mail.**