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
000095863	TRU-CARE PHYSICAL THERAPY, INC.	Certificate of Good Standing

Filer's Contact Information
(Enter a contact name, mailing address and email.)

Contact Name: Susan Hammond
Business Name: Tru-Care Physical Therapy, Inc
No. and Street: 18 Fifth Ave
City or Town: East Greenwich State: RI Zip: 02818 Country: USA
Contact Phone: 401-884-9541 ext:
Contact Email: Shammond11.sh@gmail.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.