



**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
001470855	Stretch Pediatric Therapy and Creative Movement Studio,	Certificate of Good Standing

Filer's Contact Information

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

Contact Name: Alicia Berger Harriman

Business Name: Stretch Kids RI

No. and Street: 209 Northbridge Ave

City or Town: Warwick

State: CT

Zip: 06416

Country: USA

Contact Phone: 8608520372 ext:

Contact Email: stretchtherapyct@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.