



**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
000156246	SHORELINE PODIATRY, INC.	Certificate of Good Standing

**Filer's Contact Information**

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

Contact Name: Eric Buchbaum

Business Name: Shoreline Podiatry

No. and Street: 57 Hillcrest Rd

City or Town: South Kingstown

State: RI

Zip: 02879

Country: USA

Contact Phone: 4015279464 ext:

Contact Email: soledoctor@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.**