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
000008310	Prehab Sports Medicine Services, Inc.	Certificate of Good Standing

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

Contact Name: Annemarie Feeley
Business Name: Navigant Credit Union
No. and Street: 1005 Douglas Pike
City or Town: Smithfield State: RI Zip: 02865 Country: USA
Contact Phone: 401-233-4721 ext:
Contact Email: afeeley@navigantcu.org

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.