



**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
000941873	CP MEDICAL, LLC	Certificate of Good Standing

Filer's Contact Information

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

Contact Name: MICHELLE LYON

Business Name: Sessions, Fishman, Nathan & Israel

No. and Street: 3850 N. CAUSEWAY BLVD.
SUITE 200

City or Town: METAIRE

State: LA

Zip: 70002

Country: USA

Contact Phone: 5048283700 ext:

Contact Email: licensing@sessions.legal

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.