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
000137949	SPINAL HEALTH & REHAB CENTER, LLC.	Certificate of Good Standing

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

Contact Name: William Harvey
Business Name: Moore Virgadamo Lynch
No. and Street: 97 John Clarke Road
City or Town: Middletown State: RI Zip: 02871 Country: USA
Contact Phone: 4018460120 ext:
Contact Email: wwh@mvllaw.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.