



**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 |
|-----------|-----------------------------------|------------------------------|
| 001681894 | Colonial Medical Supply Co., Inc. | Certificate of Good Standing |

Filer's Contact Information

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

Contact Name: KERRI MARINI

Business Name: Colonial Medical Supply Co

No. and Street: 6 FOX STREET
P.O. BOX 554

City or Town: WINDHAM

State: NH Zip: 03087 Country: USA

Contact Phone: 6033285130 ext:

Contact Email: ACCOUNTING@COLMEDSUPPLY.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.