



**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
001687034	Tokarz Laser and Aesthetic Dermatology, Inc.	Certificate of Good Standing

Filer's Contact Information

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

Contact Name: Maxwell Brown

Business Name: Bank of America

No. and Street: 600 N. Cleveland Ave. Ste. 300

City or Town: Westerville

State: OH

Zip: 43082

Country: USA

Contact Phone: 614-794-8275 ext:

Contact Email: mbrown4@bankofamerica.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.