



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
000098948	Comprehensive Practice Management Services, Inc.	Certificate of Good Standing

Filer's Contact Information

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

Contact Name: JULIE SYLVESTRE

Business Name: COMPREHENSIVE PRACTICE MANAGEMENT INC

No. and Street: 37 THURBER BLBD STE 105

City or Town: SMITHFIELD

State: RI Zip: 02917 Country: USA

Contact Phone: ext:

Contact Email: JCAL@CPAASSOCIATES.NET

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.