



**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
000016382	NEWPORT PRESCRIPTION CENTER, INC.	Certificate of Good Standing

Filer's Contact Information

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

Contact Name: Salvatore Rao

Business Name: Newport Prescription Center, Inc.

No. and Street: 1405 Douglas Avenue
C/O Tri-State Group

City or Town: North Providence

State: RI

Zip: 02904

Country: USA

Contact Phone: 401-353-4400 ext:

Contact Email: srao@wsretailers.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.