



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 |
|-----------|-----------------------------|------------------------------|
| 000912383 | Ryan Medical Equipment, Inc | Certificate of Good Standing |

Filer's Contact Information

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

Contact Name: Michael Ryan

Business Name:

No. and Street: 207 High Point Ave, Unit 7A

City or Town: Portsmouth

State: RI

Zip: 02871

Country: USA

Contact Phone: 401-846-1335 ext:

Contact Email: tflynn@ryanmedicalequipment.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.