



**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
001679690	Critical Care Associates, P.C.	Certificate of Good Standing

Filer's Contact Information

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

Contact Name: khaled sorour

Business Name:

No. and Street: 15 little boot lane

City or Town: westwood

State: MA

Zip: 02090

Country: USA

Contact Phone: ext:

Contact Email: kamsorour@yahoo.com