



**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
000038602	Paramedic Systems,. Inc.	Certificate of Good Standing

Filer's Contact Information

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

Contact Name: Joseph Moss

Business Name: Alert Ambulance

No. and Street: 1290 wilson rd

City or Town: fall river

State: MA

Zip: 02720

Country: USA

Contact Phone: 5089160042 ext:

Contact Email: jomoss@alertems.com