



**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
000108939	BAYSIDE HEALTH CENTER, LLC	Certificate of Good Standing

**Filer's Contact Information**

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

Contact Name: Jude J. Kostas

Business Name:

No. and Street: 132 Central Street  
#208

City or Town: Foxborough

State: MA

Zip: 02035

Country: USA

Contact Phone: 4014875155 ext:

Contact Email: judekostas@aol.com