



**State of Rhode Island
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
001707132	Stonewall Veterinary Center LLC	Certificate of Good Standing

Filer's Contact Information

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

Contact Name: Brian Michaels CVT

Business Name: Stonewall Veterinary Center

No. and Street: 9 Church St

City or Town: Pascoag

State: RI

Zip: 02859

Country: USA

Contact Phone: 4015683223 ext:

Contact Email: Mgmt@stonewallveterinarycenter.com