



**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
001335293	Noris Medical, Inc.	Certificate of Good Standing

**Filer's Contact Information**

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

Contact Name: TZAHY LEVINZON

Business Name: LEVINZON CPA PC

No. and Street: 42 West 38th Street, Suite 700

City or Town: New York

State: NY

Zip: 10018

Country: USA

Contact Phone: 2126510990 ext:

Contact Email: admin@levinzoncpa.com