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
000540590	Summit Medical Compassion Center, Inc.	Certificate of Good Standing

Filer's Contact Information
(Enter a contact name, mailing address and email.)

Contact Name: Adam Morales
Business Name: Vicente Sederberg LLP
No. and Street: 455 Sherman St
Suite 390
City or Town: Denver State: CO Zip: 80203 Country: USA
Contact Phone: 7204148623 ext:
Contact Email: a.morales@vicentesederberg.com