



**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
001704689	MOBILE XRAY DIAGNOSTICS, LLC	Certificate of Good Standing

**Filer's Contact Information**

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

Contact Name: Minda A de Medeiros

Business Name: Mobile Xray Diagnostics, LLC

No. and Street: 350 Bedford Street  
Unit 5A

City or Town: Lakeville

State: MA

Zip: 02347

Country: USA

Contact Phone: 7742139729 ext:

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