



**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
001709312	East Providence Dental Care, LLC	Certificate of Good Standing

Filer's Contact Information

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

Contact Name: Munal Salem

Business Name:

No. and Street: 288 Grove St. Ste 383

City or Town: Braintree

State: MA

Zip: 02184

Country: USA

Contact Phone: 7813633369 ext:

Contact Email: drmunalsalem@gmail.com