



**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
001718807	SALT PONDS ANIMAL HOSPITAL INC	Certificate of Good Standing

Filer's Contact Information

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

Contact Name: Charles Soloveitzik, Esquire

Business Name: Thomsen/Soloveitzik

No. and Street: Two Elm Street, P.O. Box 414

City or Town: Westerly

State: RI

Zip: 02891

Country: USA

Contact Phone: 401-596-0225 ext:

Contact Email: css@2elm-law.com