



**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
001680580	PROMISE INTEGRATIVE MEDICINE CLINIC RI, INC.	Certificate of Good Standing

**Filer's Contact Information**

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

Contact Name: Melody D Lavoie Costa

Business Name: Medeiros, Lavoie & Wilson, Inc

No. and Street: 172 County Street

City or Town: Somerset

State: MA

Zip: 02726

Country: USA

Contact Phone: 5086772588 ext:

Contact Email: melody@mlwtaxes.com