**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 |
|---|---|---|
| 001720505 | TCM Dental Associates, P.C. | Certificate of Good Standing |

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

Contact Name: Courtney Clowes
Business Name:
No. and Street: 268 BUSH ST
2921
City or Town: SAN FRANCISCO State: CA Zip: 94104 Country: USA
Contact Phone: ext:
Contact Email: courtney@getprovide.com