



**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
000540590	Summit Medical Compassion Center, Inc.	Certificate of Good Standing

Filer's Contact Information

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

Contact Name: Adam Morales

Business Name: Vicente Sederberg LLP

No. and Street: 455 Sherman St
Suite 390

City or Town: Denver

State: CO

Zip: 80203

Country: USA

Contact Phone: 7204148623 ext:

Contact Email: a.morales@vicentesederberg.com