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
000114060	NeuroHealth, Inc.	Certificate of Good Standing

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

Contact Name: Barry Shuster
Business Name:
No. and Street: PO Box 79578
City or Town: Dartmouth State: RI Zip: 02747 Country: USA
Contact Phone: 5085580440 ext:
Contact Email: ucclien@rcn.com