



**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
000150639	RECOVERY PARTNERS, LLC	Certificate of Good Standing

Filer's Contact Information

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

Contact Name: Ben Lewis

Business Name: Recovery Partners

No. and Street: 4151 N Marshall Way
Suite 12

City or Town: Scottsdale

State: AZ

Zip: 85251

Country: USA

Contact Phone: 4807479887 ext:

Contact Email: blewis@recoverypartners.com