



**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
001716212	CCA HMO Complete Rhode Island, LLC	Certificate of Good Standing

Filer's Contact Information

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

Contact Name: Benjamin Laste

Business Name:

No. and Street: 7 Curtis St
Unit 2

City or Town: Salem State: MA Zip: 01970 Country: USA

Contact Phone: 2023024800 ext:

Contact Email: blaste@commonwealthcare.org