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
001674033	Nova Leap Health RI, Inc.	Certificate of Good Standing

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

Contact Name: Megan Quirk
Business Name: Bernstein Shur
No. and Street: 100 Middle Street, PO Box 9729
City or Town: Portland State: ME Zip: 04104-5029 Country: USA
Contact Phone: 207-774-1200 ext:
Contact Email: mquirk@bernsteinshur.com