



**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
001710912	Core of Hope Psychiatry LLC	Certificate of Good Standing

Filer's Contact Information

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

Contact Name: Austin Horna

Business Name:

No. and Street: 201 Solar Street

City or Town: Syracuse

State: NY

Zip: 13204

Country: USA

Contact Phone: ext:

Contact Email: ahorna@bhg-inc.com