

## 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
000158983	Lifestar Medical Transportation, LLC	Certificate of Good Standing

## **Filer's Contact Information**

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

Contact Name: Courtenay Michaud

Business Name: <u>Lifestar Medical Transportation</u>, <u>LLC</u>

No. and Street: 267 Jenckes Hill Rd

City or Town: Smithfield State: RI Zip: 02917 Country: USA

 $\begin{array}{lll} \mbox{Contact Phone:} & \underline{14013334200} & \mbox{ext:} \\ \mbox{Contact Email:} & \underline{\mbox{courtenay@lifestarri.com}} \end{array}$ 

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