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
000148897	DIALYSIS CENTER OF WESTERLY LLC	Certificate of Good Standing

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

Contact Name: DANIELLE BURNS
Business Name: Capital Filing Service, Inc.
No. and Street: 992 Davidson Drive
Suite B
City or Town: Nashville State: TN Zip: 37205 Country: USA
Contact Phone: 6156461404 ext:
Contact Email: info@capitalfiling.com