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
000851861	SHORELINE MEDICAL SUITE, LLC	Certificate of Good Standing

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

Contact Name: William A. Nardone
Business Name: Orsinger Nardone & Lallo
No. and Street: 42 Granite Stret
City or Town: Westerly State: RI Zip: 02891 Country: USA
Contact Phone: 401-596-2094 ext:
Contact Email: wan@onltlaw.com