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
001719994	WOOD RIVER ANIMAL HEALTH CENTER, LLC	Certificate of Good Standing

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

Contact Name: barry shuster
Business Name: Barry Shuster Group, LLC
No. and Street: po box 79578
City or Town: North Dartmouth State: MA Zip: 02747 Country: USA
Contact Phone: 15085580440 ext:
Contact Email: ucclien@rcn.com

© 2007 - 2022 State of Rhode Island
All Rights Reserved