

## 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
001733808	Murphy Anesthesia Service LLC	Certificate of Good Standing

## **Filer's Contact Information**

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

Contact Name: Michael W. Garland

Business Name: <u>Harwood & Garland, LLC</u>
No. and Street: <u>9 Thurber Boulevard, Suite D</u>

Smithfield, RI 02917

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

Contact Phone: <u>14017239655</u> ext:

 ${\bf Contact\ Email:}\quad \underline{mgarland@harwoodgarland.com}$ 

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