



**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
000114060	NeuroHealth, Inc.	Certificate of Good Standing

Filer's Contact Information

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

Contact Name: BARRY S SHUSTER

Business Name: Barry Shuster Group, LLC

No. and Street: po box 79578

City or Town: North Dartmouth

State: RI

Zip: 02747

Country: USA

Contact Phone: 15085580440 ext:

Contact Email: ucclien@rcn.com