



**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
000308615	MAGELLAN MEDICAID ADMINISTRATION, INC.	Certificate of Good Standing

Filer's Contact Information

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

Contact Name: Karen Pastuch

Business Name:

No. and Street: 850 New Burton Rd

City or Town: Dover

State: DE

Zip: 19904

Country: USA

Contact Phone: ext:

Contact Email: kpastuch@cogencyglobal.com