



**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
000646736	ME PSYCHOTHERAPY, LLC	Certificate of Good Standing

Filer's Contact Information

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

Contact Name: James Ryan

Business Name:

No. and Street: 222 N LaSalle St. Ste 1700

City or Town: Chicago

State: IL

Zip: 60601

Country: USA

Contact Phone: ext:

Contact Email: bera@foundation.com