



**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
000788757	Coastline Emergency Medical Services, Inc	Certificate of Good Standing

Filer's Contact Information

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

Contact Name: Susan McTernan

Business Name:

No. and Street: PO Box 10469

City or Town: East Providence

State: RI

Zip: 02914

Country: USA

Contact Phone: 5089970707 ext: 140

Contact Email: smcternan@southcoastems.com