



**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
000122575	Rhode Island Disaster Medical Assistance Team, Inc.	Certificate of Good Standing

**Filer's Contact Information**

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

Contact Name: Brooke Lawrence

Business Name: Brooke Lawrence

No. and Street: 50 Barnett Lane

City or Town: West Greenwich

State: RI

Zip: 02817

Country: USA

Contact Phone: 4016516972 ext: 40165

Contact Email: blawrence@ridmat.org