



**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
001756792	Devon Medical Supply LLC	Certificate of Good Standing

**Filer's Contact Information**

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

Contact Name: Frank P. Cirillo

Business Name:

No. and Street: 59

Penny Lane

City or Town: Woodbridge

State: CT

Zip: 06525

Country: USA

Contact Phone: 2036418952 ext:

Contact Email: attycirillo@gmail.com