



**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
001757571	Brighton Health Plan Solutions, LLC	Certificate of Good Standing

Filer's Contact Information

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

Contact Name: Melissa Heyward

Business Name:

No. and Street: 2421 Atlantic Avenue, Suite 202

City or Town: Wall Township

State: NJ

Zip: 08736

Country: USA

Contact Phone: 732-242-6861 ext:

Contact Email: legal@brightonhps.com