



**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
000651242	CURAMEDIX, LLC	Certificate of Good Standing

Filer's Contact Information

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

Contact Name: John Kalian

Business Name: CuraMedix, LLC

No. and Street: 40 Albion Rd
Suite 101

City or Town: Lincoln State: RI Zip: 02865 Country: USA

Contact Phone: 4013336500 ext:

Contact Email: John.Kalian@curamedix.com