



**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
000091958	East Bay Dental Associates, Inc.	Certificate of Good Standing

Filer's Contact Information

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

Contact Name: Jonathan Enright

Business Name: East Bay Dental Associates

No. and Street: 1052 Main St

City or Town: warren

State: RI

Zip: 02885

Country: USA

Contact Phone: 4015243560 ext:

Contact Email: drjonathanenright@gmail.com