

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
000978769	CENTER FOR PSYCHOLOGY AND LEARNING, LLC	Certificate of Good Standing

Filer's Contact Information

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

Contact Name: <u>Fundation Operations</u>

Business Name:

No. and Street: $\underline{11501 \ Sunset \ Hills \ Rd}$

City or Town: Reston State: VA Zip: 20190 Country: USA

Contact Phone: ext:

Contact Email: Bera@fundation.com

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