



**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
001756705	Octave TN Medical, PLLC	Certificate of Good Standing

Filer's Contact Information

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

Contact Name: Laura Jeziorski

Business Name:

No. and Street: 5500 Main Street Ste 345

City or Town: Williamsville

State: NY

Zip: 14221

Country: USA

Contact Phone: ext:

Contact Email: Laura.Jeziorski@teloslegalcorp.com