

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
000508161	Emergency Physician Associates of New England, P.C.	Certificate of Good Standing

Filer's Contact Information

(Enter a contact name, mailing address and email.)
Contact Name: ERICA TARRANT-WILSON

 ${\tt Business\ Name:} \underline{CORPORATION\ SERVICE\ COMPA}$

No. and Street: $\underline{251}$ LITTLE FALLS DRIVE

251 Little Falls Drive

City or Town: <u>WILMINGTON</u> State: <u>DE</u> Zip: <u>19808</u> Country: <u>USA</u>

Contact Phone: <u>2178915281</u> ext:

Contact Email: BSEXTON@CSCINFO.COM

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