



**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
000062695	NORTHERN RHODE ISLAND PHYSICAL THERAPY, INC.	Certificate of Good Standing

**Filer's Contact Information**

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

Contact Name: LISA WORKMAN

Business Name: COGENCY GLOBAL INC.

No. and Street: 600 S 2ND STREET

City or Town: SPRINGFIELD

State: IL Zip: 62704 Country: USA

Contact Phone: ext:

Contact Email: LWORKMAN@COGENCYGLOBAL.COM