

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
000464542	Neurotech Pharmaceuticals, Inc.	Certificate of Good Standing

Filer's Contact Information

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

Contact Name: Monique M Watson

 ${\tt Business\ Name:} \underline{{\tt Neurotech\ Pharmaceuticals,\ Inc.}}$

No. and Street: 900 HIGHLAND CORPORATE DRIVE, SUITE 101

City or Town: <u>CUMBERLAND</u> State: <u>RI</u>Zip: <u>02864</u>Country: <u>USA</u>

Contact Phone: <u>4014952390</u> ext:

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