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
001764908	Revolution Healthcare Services, LLC	Certificate of Good Standing

Filer's Contact Information
(Enter a contact name, mailing address and email.)

Contact Name: Marja Souza
Business Name:
No. and Street: 801 US Highway 1
City or Town: North Palm Beach State: FL Zip: 33408 Country: USA
Contact Phone: 5616948107 ext:
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