



**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
000095821	TherapyWorks, Inc.	Certificate of Good Standing

Filer's Contact Information

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

Contact Name: JIM RYAN

Business Name: Foundation

No. and Street: 11501 Sunset Hills Road Suite 400
Suite 400

City or Town: Reston State: VA Zip: 20190 Country: USA

Contact Phone: ext:

Contact Email: Bera@foundation.com