



**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
001688155	Macrae Medical Associates, P.C.	Certificate of Good Standing

Filer's Contact Information

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

Contact Name: Meaghan B Macrae

Business Name: Macrae Medical Associates

No. and Street: 14 Norman St

City or Town: Newport

State: RI

Zip: 02840

Country: USA

Contact Phone: 4014972491 ext:

Contact Email: meaghanbmacrae@gmail.com