



**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
001672193	APPLIED BEHAVIORAL INTERVENTIONS PSYCHOLOGY, PT, OT, SL	Certificate of Good Standing

Filer's Contact Information

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

Contact Name: Steven Shay

Business Name:

No. and Street: 535 8th Ave 9th Floor

City or Town: New York

State: NY

Zip: 10018

Country: USA

Contact Phone: 7186007969 ext:

Contact Email: sshay@autismcarepartners.com