



**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
000116494	David S. Pomerantz, MD, Inc.	Certificate of Good Standing

Filer's Contact Information

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

Contact Name: Jason M Holt, Esq.

Business Name: Law Office of Jason M Holt

No. and Street: 77 Rolfe Square

PO Box 3611

City or Town: Cranston

State: RI

Zip: 02910

Country: USA

Contact Phone: 4017809999 ext:

Contact Email: jason@nottielaw.com