

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

II	1	ENTITY NAME	CERTIFICATE TYPE
00170	60465 Г	P Behavioral Healthcare LLC	Certificate of Good Standing

Filer's Contact Information

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

Contact Name: <u>Despina Prassas</u>

 ${\tt Business\ Name:} \underline{DP\ Behavioral\ Healthcare\ LLC}$

No. and Street: 83 Mast Street

City or Town: <u>Jamestown</u> State: <u>RI</u> Zip: <u>02835</u> Country: <u>USA</u>

Contact Phone: <u>401-346-4497</u> ext: Contact Email: <u>ddprassas@aol.com</u>

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