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
000005231	Crestwood Nursing & Rehabilitation Center, Inc.	Certificate of Good Standing

Filer's Contact Information
(Enter a contact name, mailing address and email.)

Contact Name: Krystal Fortin
Business Name: Brainsky Levinson LLC
No. and Street: 1543 FALL RIVER AVE STE 1
City or Town: Seekonk State: M A Zip: 02771 Country: USA
Contact Phone: 5085571910 ext:
Contact Email: kfortin@brainskylevinson.com