



**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 |
|-----------|--------------|------------------------------|
| 001669475 | OP PHARM LLC | Certificate of Good Standing |

Filer's Contact Information

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

Contact Name: Shari DeShields

Business Name: OP PHARM LLC

No. and Street: 50B Libera Street

City or Town: Cranston

State: RI

Zip: 02920

Country: USA

Contact Phone: 4016638369 ext:

Contact Email: sdeshields.oppharm@gmail.com