



**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
000026279	Thundermist Health Center	Certificate of Fact - Certificate of Merger

Filer's Contact Information

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

Contact Name: Tina Langill

Business Name: Thundermist Health Center

No. and Street: 171 Service Ave

2nd Floor

City or Town: Warwick

State: RI

Zip: 02886

Country: USA

Contact Phone: ext:

Contact Email: TinaLa@thundermisthealth.org