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
000116221	Comfort Dental, A Professional Corporation	Certificate of Good Standing

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

Contact Name: Barry Shuster
Business Name:
No. and Street: PO Box 79578/ 1157 Tucker Road
City or Town: Dartmouth State: M A Zip: 02747-3124 Country: USA
Contact Phone: ext:
Contact Email: barrys1@comcast.net

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