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
001698571	Patient Centric Solutions Inc.	Certificate of Good Standing

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

Contact Name: Nancy Lush
Business Name: Patient Centric Solutions, Inc.
No. and Street: PO Box 651
City or Town: Jamestown State: RI Zip: 02835 Country: USA
Contact Phone: 401-423-9111 ext:
Contact Email: nlush@patientcentricsolutions.com

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