



**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
000486865	Internal Medicine Partners, Inc.	Certificate of Good Standing

Filer's Contact Information

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

Contact Name: LOAN OPERATIONS

Business Name:

No. and Street: 11600 Sunrise Valley Dr STE 180

City or Town: Reston

State: VA

Zip: 20191

Country: USA

Contact Phone: ext:

Contact Email: Bera@foundation.com