



**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
000093337	WICKFORD DENTAL ASSOCIATES, INC.	Certificate of Good Standing

Filer's Contact Information

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

Contact Name: Paul N Boscia

Business Name: Wickford Dental Associates

No. and Street: 320 Phillips St
Suite 104

City or Town: North Kingstown, RI State: RI Zip: 02852 Country: USA

Contact Phone: 4012958806 ext:

Contact Email: wickforddental8806@gmail.com