



**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
000016382	NEWPORT PRESCRIPTION CENTER, INC.	Certificate of Good Standing

Filer's Contact Information

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

Contact Name: Sal Rao

Business Name: NEWPORT PRESCRIPTION CENTER, INC.

No. and Street: 1405 Douglas Avenue

City or Town: North Providence

State: RI Zip: 02904 Country: USA

Contact Phone: 4013534400 ext:

Contact Email: srao@wsretailers.com