



**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
001758465	True Psychiatry of Rhode Island LLC	Certificate of Good Standing

Filer's Contact Information

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

Contact Name: Rodrigo Nardi

Business Name: True Psychiatry of Rhode Island

No. and Street: 4000 Chapel View BLVD suite 300 #1054

City or Town: Cranston

State: RI

Zip: 02920

Country: USA

Contact Phone: ext:

Contact Email: rodnardi@yahoo.com