



**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: Nat Smith

Business Name:

No. and Street: 784 s clearwater loop

City or Town: post falls

State: ID

Zip: 83854

Country: USA

Contact Phone: ext:

Contact Email: eastern@northwestregisteredagent.com