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
001746620	RI Specialty Dental Services, LLC	Certificate of Good Standing

Filer's Contact Information
(Enter a contact name, mailing address and email.)

Contact Name: Phoenix LaCroix
Business Name:
No. and Street: 1610 54th Avenue North
Suite 205
City or Town: Nashville State: TN Zip: 37209 Country: USA
Contact Phone: 6159066363 ext:
Contact Email: phoenix.lacroix@sdbmail.com