



**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
001784442	ICU on Demand, LLC	Certificate of Good Standing

**Filer's Contact Information**

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

Contact Name: Christopher Hansen

Business Name:

No. and Street: 43 W. Huckleberry Road

City or Town: Lynnfield

State: MA

Zip: 01940

Country: USA

Contact Phone: ext:

Contact Email: ckhansen84@gmail.com