



**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
000521542	PSYCHOTHERAPY CENTER FOR WELLNESS, LLC	Certificate of Good Standing

Filer's Contact Information

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

Contact Name: InCorp Services Inc

Business Name:

No. and Street: 9107 West Russell Road Suite 100

City or Town: Las Vegas

State: NV

Zip: 89148

Country: USA

Contact Phone: 7028662500 ext: 6483

Contact Email: onlinefilings@incorp.com