

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
001666806	RHODE ISLAND NUTRITION THERAPY, LLC	Certificate of Good Standing

Filer's Contact Information

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

Contact Name: $\underline{BARRY\,SHUSTER}$

Business Name:

No. and Street: 1157 Tucker Rd

City or Town: <u>Dartmouth</u> State: <u>M A</u> Zip: <u>02747</u> Country: <u>USA</u>

Contact Phone: ext:

Contact Email: <u>barrys1@comcast.net</u>

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