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
000071680	Addiction Recovery Institute, Inc.	Certificate of Good Standing

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

Contact Name: LOAN OPERATIONS
Business Name:
No. and Street: 11600 Sunrise Valley Dr STE 180
City or Town: Reston State: VA Zip: 20191 Country: USA
Contact Phone: ext:
Contact Email: Bera@fundation.com