



**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
001670007	Altarum Institute, Inc.	Certificate of Good Standing

Filer's Contact Information

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

Contact Name: Anson Berzkalns

Business Name: Altarum Institute

No. and Street: 26200 Town Center Drive
Suite 350

City or Town: NOVI State: MI Zip: 48375 Country: USA

Contact Phone: 7343024741 ext:

Contact Email: complianceandethics@altarum.org