



**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
001750301	FlexCare Specialty Services LLC	Certificate of Good Standing

Filer's Contact Information

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

Contact Name: Megan Malarkey

Business Name:

No. and Street: 524 S. 2nd St., Ste 505

City or Town: Springfield

State: IL

Zip: 62701

Country: USA

Contact Phone: ext:

Contact Email: mmalarkey@spinationwide.com