

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
000968830	J + B MEDICAL SUPPLY CO INC	Certificate of Good Standing

Filer's Contact Information

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

Contact Name: <u>David Waterman</u>

Business Name: $\underline{J\&B\ Medical\ Supply\ Co,\ Inc.}$

No. and Street: <u>50496 Pontiac Trail</u>

City or Town: Wixom State: MI Zip: 48393 Country: USA

Contact Phone: ext:

Contact Email: credentialing@jandbmedical.com

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