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
001789192	Medical Component Specialists, Inc.	Certificate of Good Standing

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

Contact Name: James Moore
Business Name:
No. and Street: 259 Dexter Street
City or Town: Providence State: RI Zip: 01529 Country: USA
Contact Phone: ext:
Contact Email: ybellot@brittcpa.com