



**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
001662087	WTL Health Clinic, Inc.	Certificate of Good Standing

Filer's Contact Information

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

Contact Name: Nana Amma Ankrah

Business Name:

No. and Street: 59 Prospect St

Suite A

City or Town: Pawtucket

State: RI

Zip: 02860

Country: USA

Contact Phone: ext:

Contact Email: nankrah@wtlhealth.org