



**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
001790428	Dental Home Group, LLC	Certificate of Good Standing

Filer's Contact Information

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

Contact Name: Shan Baker

Business Name:

No. and Street: 500 SOUTH FRONT ST SUITE 850

City or Town: COLUMBUS

State: OH

Zip: 43215

Country: USA

Contact Phone: ext:

Contact Email: shan.baker@getprovide.com