



**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
001688105	Elevate Psychological Services, LLC	Certificate of Good Standing

Filer's Contact Information

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

Contact Name: Jim Ryan

Business Name:

No. and Street: 309 East 8th St STE 601

City or Town: Los Angeles

State: CA

Zip: 90014

Country: USA

Contact Phone: ext:

Contact Email: Bera@foundation.com