



**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
001794090	Thrive TeleHealth LLC	Certificate of Good Standing

Filer's Contact Information

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

Contact Name: Ivan Misagrande

Business Name:

No. and Street: 2108 N ST #10310

2108 N ST #10310

City or Town: 95816

State: CA

Zip: 95816

Country: USA

Contact Phone: 3127989350 ext:

Contact Email: ivan@praxhealth.com