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
001665730	Comprehensive Behavioral Health Care Inc.	Certificate of Good Standing

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

Contact Name: Timothy Sanner
Business Name: Comprehensive Behavioral Healthcare
No. and Street: 3001 Bridgeway
City or Town: Sausalito State: CA Zip: 94965 Country: USA
Contact Phone: ext:
Contact Email: processing4@fastfilings.com