



**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
000001554	ATMED Treatment Center, Inc.	Certificate of Good Standing

**Filer's Contact Information**

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

Contact Name: Karen Tucciarone

Business Name: Atmed Treatment Center, Inc

No. and Street: 1524 Atwood Avenue

Suite 122

City or Town: Johnston

State: RI

Zip: 02919

Country: USA

Contact Phone: 4017518437 ext:

Contact Email: karenatmed@yahoo.com