

## 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             |
|-----------|-----------------------|------------------------------|
| 001670544 | Clinical Advisors LLC | Certificate of Good Standing |

## **Filer's Contact Information**

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

Contact Name: <u>Francisco Portela</u>
Business Name: <u>Clinical Advisors</u>

No. and Street:  $\underline{1010\ Massachusetts\ Ave\ NW}$ 

<u>Unit 202</u>

City or Town: Washington State: DC Zip: 20001 Country: USA

Contact Phone:  $\underline{2029059495}$  ext: Contact Email:  $\underline{\text{fjp@predicata.com}}$ 

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