



State of Rhode Island and Providence Plantations
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 (Entity Name is only required for a Certificate of Non-Existence)

ID	ENTITY NAME	CERTIFICATE TYPE
000149198	Corporation for Supportive Housing	Good Standing Certificate

Total Fee: \$7.00

Filer's Contact Information

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

Contact Name: TARYN BOLAND

Business Name: CSH

No. and Street: 50 BROADWAY

17TH FLOOR

City or Town: NEW YORK

State: NY

Zip: 10004

Country: USA

Contact Phone: (212) 986-2966 ext:

Contact Email: TARYN.BOLAND@CSH.ORG

Please provide an email address to receive an expedited response from us if the filing is rejected for any reason. If no email address is provided, we will respond by mail.