



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
000488303	RI Society for Histotechnologists	Good Standing Certificate

**Total Fee: \$7.00**

**Filer's Contact Information**

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

Contact Name: ROSE TAVARES

Business Name: RI HOSPITAL

No. and Street: 593 EDDY STREET

ALDRICH 600A

City or Town: PROVIDENCE

State: RI

Zip: 02903

Country: USA

Contact Phone: (401) 486-6958 ext:

Contact Email: RTAVARES1@LIFESPAN.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.**