



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
000045712	New Life Worship Center, Inc.	Good Standing Certificate

Total Fee: \$7.00

Filer's Contact Information

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

Contact Name: CINDY ALBANESE

Business Name: NEW LIFE WORSHIP CENTER

No. and Street: 915 DOUGLAS PIKE

City or Town: SMITHFIELD

State: RI

Zip: 02917

Country: USA

Contact Phone: 401-232-5200 ext:

Contact Email: CALBANESE@NLWCENTER.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.