



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
000126021	City of Hope	Good Standing Certificate

Total Fee: \$7.00

Filer's Contact Information

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

Contact Name: PATRINA MARTIN

Business Name: CITY OF HOPE

No. and Street: 1500 EAST DUARTE ROAD

TAX & LICENSING

City or Town: DUARTE

State: CA

Zip: 91010

Country: USA

Contact Phone: (626) 471-9208 ext:

Contact Email: PATRINAMARTIN@COH.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.