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
000110665	SMITHFIELD SENIOR CENTER	Good Standing Certificate

Total Fee: $7.00

Filer's Contact Information
(Enter a contact name, mailing address and email.)

Contact Name: KAREN ARMSTRONG
Business Name: SMITHFIELD SENIOR CENTER
No. and Street: 1 WILLIAM J HAWKINS JR. TRAIL
City or Town: SMITHFIELD State: RI Zip: 02828 Country: USA
Contact Phone: (401) 949-4590 ext:
Contact Email: KARMSTRONG@SMITHFIELDRI.COM

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.

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