



**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
000029031	Visiting Nurse Home Care.	Long Form Good Standing

Total Fee: \$7.00

Filer's Contact Information

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

Contact Name: CHRISTINE CABRAL

Business Name: VISITING NURSE HOME CARE

No. and Street: 6 BLACKSTONE VALLEY PLACE
SUITE 515

City or Town: LINCOLN

State: RI

Zip: 02865

Country: USA

Contact Phone: (401) 762-7350 ext:

Contact Email: CCABRAL@VISITINGNURSEHC.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.