



**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
000063733	Light House for Youth	Good Standing Certificate

**Total Fee: \$7.00**

**Filer's Contact Information**

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

Contact Name: SCOTT DICHRISTOFERO

Business Name: GATEWAY HEALTHCARE, INC.

No. and Street: 249 ROOSEVELT AVENUE  
SUITE 205

City or Town: PAWTUCKET

State: RI

Zip: 02860

Country: USA

Contact Phone: (401) 724-8400 ext:

Contact Email: SCOTTD@GATEWAYHEALTH.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.**