



**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
000154490	Genoa Healthcare of Rhode Island I, LLC	Good Standing Certificate
000149143	GENOA HEALTHCARE, LLC	Good Standing Certificate
000138005	Intercontinental Fund IV Waterplace, LLC	Good Standing Certificate
000138005	Intercontinental Fund IV Waterplace, LLC	Good Standing Certificate

**Total Fee: \$82.00**

**Filer's Contact Information**

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

Contact Name: DAHRENA MITCHELL

Business Name: CT CORPORATION SYSTEM

No. and Street: 155 FEDERAL STREET

City or Town: BOSTON

State: MA Zip: 02110 Country: USA

Contact Phone: (617) 757-6404 ext:

Contact Email: CLS-CTBOSTONFULFILLMENT@WOLTERSKLUWER.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.**