



**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
000044253	OCEAN STATE NURSING SERVICES, INC.	Good Standing Certificate

**Total Fee: \$22.00**

**Filer's Contact Information**

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

Contact Name: CHRISTY HASENFUS

Business Name: OCEAN STATE NURSING SERVICES, INC

No. and Street: 3929 MENDON ROAD

City or Town: CUMBERLAND

State: RI Zip: 02864 Country: US

Contact Phone: 401-405-3810 ext:

Contact Email: CHRISTYHASENFUS@YAHOO.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.**