



**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
000030276	Roger Williams Medical Center	Good Standing Certificate

Total Fee: \$7.00

Filer's Contact Information

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

Contact Name: LETISHA ROBINSON

Business Name: COMMERCE BANK

No. and Street: 811 MAIN STREET

KCBC-1

City or Town: KANSAS CITY

State: MO Zip: 64105 Country: USA

Contact Phone: (816) 760-8525 ext:

Contact Email: LETISHA.ROBINSON@COMMERCEBANK.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.