



**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
000026630	Home & Hospice Care of Rhode Island	Good Standing Certificate

**Total Fee: \$59.50**

**Filer's Contact Information**

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

Contact Name: JUNE STEELE

Business Name: HOME & HOSPICE CARE OF RI

No. and Street: 1085 NORTH MAIN STREET

City or Town: PROVIDENCE State: RI Zip: 02904 Country: USA

Contact Phone: (401) 415-4200 ext:

Contact Email: JSTEELE@HHCRI.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.**