



**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
001237665	Homecare Plus, Inc.	Good Standing Certificate
001237665	Homecare Plus, Inc.	Letter of Status / Legal Existence

**Total Fee: \$42.00**

**Filer's Contact Information**

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

Contact Name: EVELYN CORPUS

Business Name: HEMOCARE PLUS, INC

No. and Street: 51 TABER ST

City or Town: WEST KINGSTON

State: RI

Zip: 02892-1426 Country: USA

Contact Phone: (401) 741-1377 ext:

Contact Email: LYNCORPUS@COX.NET

**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.**