



**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
000064731	The Rose Island Lighthouse Foundation, Inc.	Good Standing Certificate

**Total Fee: \$59.50**

**Filer's Contact Information**

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

Contact Name: RP JASPER COFFMAN

Business Name: ROSE ISLAND LIGHTHOUSE FNDN

No. and Street: PO BOX 1419

City or Town: NEWPORT

State: RI

Zip: 02840

Country: USA

Contact Phone: (401) 261-1207 ext:

Contact Email: JASPER@ROSEISLAND.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.**