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
000029031	Visiting Nurse Home Care.	Good Standing Certificate

Total Fee: $7.00

Filer's Contact Information
(Enter a contact name, mailing address and email.)

Contact Name: MARY MACINTOSH
Business Name: VISITING NURSE HOME CARE
No. and Street: 6 BLACKSTONE VALLEY PLACE
SUITE 515
City or Town: LINCOLN State: RI Zip: 02865 Country: USA
Contact Phone: (401) 415-4230 ext:
Contact Email: MMACINTOSH@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.