



**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
000045192	AIDS CARE OCEAN STATE, INC.	Good Standing Certificate

**Total Fee: \$59.50**

**Filer's Contact Information**

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

Contact Name: PAUL FITZGERALD

Business Name: AIDS CARE OCEAN STATE

No. and Street: 18 PARKIS AVE

City or Town: PROVIDENCE

State: RI

Zip: 02907

Country: USA

Contact Phone: (401) 521-3603 ext:

Contact Email: PAULF@AIDSCAREOS.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.**