



**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
000029890	GATEWAY HEALTHCARE, INC.	Good Standing Certificate

Total Fee: \$7.00

Filer's Contact Information

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

Contact Name: RICHARD H. LECLERC

Business Name: GATEWAY HEALTHCARE

No. and Street: 249 ROOSEVELT AVENUE
SUITE 205

City or Town: PAWTUCKET

State: RI

Zip: 02860

Country: USA

Contact Phone: (401) 667-6504 ext:

Contact Email: NHEALEY@LIFESPAN.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.