



**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
000924591	TRINITY HEALTHCARE STAFFING GROUP, INC.	Letter of Status / Legal Existence

Total Fee: \$22.00

Filer's Contact Information

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

Contact Name: BAMBI FLOYD

Business Name: TRINITY HEALTHCARE STAFFING

No. and Street: 1834 SALLY HILL FARMS BLVD

City or Town: FLORENCE

State: SC

Zip: 29501

Country: USA

Contact Phone: (843) 656-0560 ext:

Contact Email: BFLOYD@TRINITYHSG.COM

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.