



**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
000030296	Rhode Island Hospital	Good Standing Certificate

Total Fee: \$7.00

Filer's Contact Information

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

Contact Name: SANDY LAFRATTA

Business Name: RHODE ISLAND HOSPITAL

No. and Street: DEVELOPMENT DEPT
593 EDDY STREET

City or Town: PROVIDENCE

State: RI

Zip: 02903

Country: US

Contact Phone: 404-444-4749 ext:

Contact Email: SLAFRATTA@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.