



**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
000026906	THE CHAPLAINCY CENTER	Long Form Good Standing

Total Fee: \$7.00

Filer's Contact Information

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

Contact Name: ROBERT NOLAN

Business Name: THE CHAPLAINCY CENTER

No. and Street: 593 EDDY ST.

GERRY HOUSE #36

City or Town: PROVIDENCE

State: RI Zip: 02893 Country: USA

Contact Phone: (401) 444-6534 ext:

Contact Email: BNOLAN@THECHPLAINCYCENTER.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.