



**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
000031134	SENIOR COMPANION PROGRAM OF RHODE ISLAND, INC.	Good Standing Certificate

Total Fee: \$7.00

Filer's Contact Information

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

Contact Name: JENNY MARTINEZ

Business Name: SENIOR COMPANION PROGRAM OF RHODE ISLAND, INC.

No. and Street: 57 HOWARD AVE

City or Town: CRANSTON

State: RI Zip: 02920 Country: USA

Contact Phone: (401) 462-0569 ext:

Contact Email: JENNY.MARTINEZ@DEA.RI.GOV

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.