



**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**

ID	ENTITY NAME	CERTIFICATE TYPE
000030296	RHODE ISLAND HOSPITAL	Certificate of Good Standing

**Filer's Contact Information**

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

Contact Name: Sandy LaFratta

Business Name: Rhode Island Hospital

No. and Street: 593 Eddy Street

City or Town: Providence

State: RI

Zip: 02903

Country: USA

Contact Phone: 401-444-4749 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.**