



**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
000026630	HOPE HOSPICE & PALLIATIVE CARE RHODE ISLAND	Certificate of Good Standing

Filer's Contact Information

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

Contact Name: Mary MacIntosh

Business Name: Hope Hospice & Palliative Care Rhode Island

No. and Street: 1085 North Main Street

City or Town: Providence

State: RI

Zip: 02904

Country: USA

Contact Phone: 4014154230 ext:

Contact Email: mmacintosh@hopehealthco.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.