



**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
000028980	CAPITAL CITY COMMUNITY CENTERS, INC.	Certificate of Good Standing

Filer's Contact Information

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

Contact Name: Susan Stevenson

Business Name: Capital City Community Centers, Inc.

No. and Street: 249 Roosevelt Ave., Pawtucket

City or Town: Gateway Healthcare

State: RI

Zip: 02860

Country: USA

Contact Phone: 401-667-6716 ext:

Contact Email: sstevenson2@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.