



**State of Rhode Island  
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
000139062	WOOD RIVER ANIMAL HOSPITAL, INC.	Certificate of Good Standing

**Filer's Contact Information**

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

Contact Name: Heather Dickson

Business Name: LENDEAVOR, INC.

No. and Street: 268 BUSH ST  
2921

City or Town: SAN FRANCISCO

State: CA

Zip: 94104

Country: USA

Contact Phone: 4159153414 ext:

Contact Email: courtney@lendeavor.com