



**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
000030296	RHODE ISLAND HOSPITAL	Certificate of Good Standing

Filer's Contact Information

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

Contact Name: Sandra LaFratta

Business Name: Rhode Island Hospital

No. and Street: 593 Eddy Street

City or Town: Providence

State: RI

Zip: 02903

Country: USA

Contact Phone: 4014444749 ext:

Contact Email: slafatta@lifespan.org