

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 |
|-----------|--------------------------------|------------------------------|
| 001701718 | Rhode Island Compassion Center | Certificate of Good Standing |

Filer's Contact Information

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

Contact Name: <u>David J DiSanto</u>

Business Name:

No. and Street: 5 Albany Rd

City or Town: Warwick State: RI Zip: 02888 Country: USA

 $\begin{array}{lll} \mbox{Contact Phone:} & \underline{4014000064} & \mbox{ext:} \\ \mbox{Contact Email:} & \underline{dd2200@gmail.com} \end{array}$

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