

## 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
000112438	Salvation Cafe, Inc.	Certificate of Good Standing

## **Filer's Contact Information**

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

Contact Name: Susan LaMond
Business Name: Salvation Cafe
No. and Street: 140 Broadway

City or Town: Newport State:  $\underline{RI}$  Zip:  $\underline{02840}$  Country:  $\underline{USA}$ 

 $\begin{array}{lll} \text{Contact Phone:} & \underline{646\text{-}391\text{-}4935} & \text{ext:} \\ \text{Contact Email:} & \underline{stlamond@gmail.com} \end{array}$ 

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