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
001714584	GREENTREE NURSING AND REHAB LLC	Certificate of Good Standing

Filer's Contact Information
(Enter a contact name, mailing address and email.)

Contact Name: Shadasia Echevarria
Business Name: platinum filings
No. and Street: 555 EAST LOOCKERMAN ST
City or Town: DOVER State: DE Zip: 19901 Country: USA
Contact Phone: 13025412065 ext:
Contact Email: SEchevarria@platinumfilings.com