



**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
001729619	Molina Healthcare of Rhode Island, Inc.	Certificate of Good Standing

**Filer's Contact Information**

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

Contact Name: Karissa Lowry

Business Name: MOLINA HEALTHCARE OF RHODE ISLAND, INC.

No. and Street: 251 Little Falls Drive

City or Town: Wilmington

State: DE Zip: 19808 Country: USA

Contact Phone: 8009279801 ext:

Contact Email: OF\_GS\_RI\_FileStatus@cscglobal.com