

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
001757542	Nora's Haven	Certificate of Good Standing

Filer's Contact Information

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

Contact Name: <u>Jennifer Rourke</u>
Business Name: <u>Nora's Haven</u>
No. and Street: <u>805 W Shore Road</u>

DO D --- 0516

PO Box 9516

City or Town: $\underline{\text{Warwick}}$ State: $\underline{\text{RI}}$ Zip: $\underline{02889}$ Country: $\underline{\text{USA}}$

Contact Phone: ext:

Contact Email: norashavenri@gmail.com

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