



**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
000529285	GREENLEAF COMPASSIONATE CARE CENTER, INC.	Certificate of Good Standing

**Filer's Contact Information**

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

Contact Name: Channa Lincoln

Business Name: Greenleaf Compassionate Care Center Inc

No. and Street: PO Box 118

City or Town: Portsmouth

State: RI Zip: 02871 Country: USA

Contact Phone: 4012120575 ext:

Contact Email: clincoln@greenleafcare.org