



**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