



**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
000143611	WESTERLY HOSPITAL ENERGY COMPANY, LLC	Certificate of Status - Revoked

**Filer's Contact Information**

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

Contact Name: Victoria Reshotnik

Business Name: YNHHSC

No. and Street: 789 Howard Ave

City or Town: New Haven

State: CT

Zip: 06510

Country: USA

Contact Phone: 2036882587 ext:

Contact Email: VICTORIA.RESHOTNIK@ynhh.org