

## 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
000028618	CHARLESTOWN AMBULANCE AND RESCUE SERVICE, INC.	Certificate of Good Standing

## **Filer's Contact Information**

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

Contact Name: Andrew D Kettle

 ${\tt Business\ Name:} \underline{Charlestown\ Ambulance-Rescue\ Service\ Inc.}$ 

No. and Street: 4891 Old Post Rd

City or Town: <u>Charlestown</u> State: <u>RI</u> Zip: <u>02813</u> Country: <u>USA</u>

Contact Phone: 4013643742 ext: 22

Contact Email: akettle@charlestownrescue.org

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