



**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
000027061	FELLOWSHIP HEALTH RESOURCES, INC.	Certificate of Good Standing

Filer's Contact Information

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

Contact Name: Noelle Sungenis

Business Name: RASi

No. and Street: 125 Locust St

City or Town: HARRISBURG

State: PA

Zip: 17101

Country: USA

Contact Phone: 7173876921 ext:

Contact Email: nsungenis@rasi.com