



**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: Chris Gruich

Business Name:

No. and Street: 19620 BOWMAN DRIVE

City or Town: STRONGSVILLE

State: OH Zip: 44149 Country: USA

Contact Phone: 216-813-6806 ext:

Contact Email: CHRIS\_GRUICH@KEYBANK.COM