



**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
001781804	JIVAN SHANTI LLC	Certificate of Good Standing

Filer's Contact Information

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

Contact Name: Chaitali Patel

Business Name: JIVAN ADULT DAY HEALTH CENTER

No. and Street: 3 Lyons Way

City or Town: North Attleborough

State: MA Zip: 02763-1146 Country: USA

Contact Phone: 5082163894 ext:

Contact Email: patelc@jivanadultdayhealth.com