



**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
000031151	SOUTHERN RHODE ISLAND VOLUNTEERS	Certificate of Good Standing

**Filer's Contact Information**

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

Contact Name: Lindsay Bush

Business Name: Southern Rhode Island Volunteers

No. and Street: PO Box 1047

City or Town: Charlestown

State: RI

Zip: 02813

Country: USA

Contact Phone: 4015527661 ext: 100

Contact Email: lbush@southernrivol.org