



**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
001749431	CharterCARE Health of Rhode Island, Inc.	Certificate of Good Standing

**Filer's Contact Information**

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

Contact Name: Christy Thomas

Business Name: UMB Bank

No. and Street: 300 Dix Road

City or Town: Jefferson City

State: MO

Zip: 65109

Country: USA

Contact Phone: 469-366-6351 ext:

Contact Email: christy.thomas@umb.com