



**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
000070707	RHODE ISLAND HOSPITAL FOUNDATION	Certificate of Good Standing

Filer's Contact Information

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

Contact Name: BARRY SHUSTER

Business Name:

No. and Street: po box 79578

City or Town: dartmouth

State: MA

Zip: 02747

Country: USA

Contact Phone: 5085580440 ext:

Contact Email: barrys1@comcast.net