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
000030296	RHODE ISLAND HOSPITAL	Certificate of Good Standing

Filer's Contact Information
(Enter a contact name, mailing address and email.)

Contact Name: ORDER SUPPORT
Business Name:
No. and Street: 5301 Southwest Pkwy, Suite 400
City or Town: Austin State: TX Zip: 78735 Country: USA
Contact Phone: 8887057274 ext:
Contact Email: ost@rasi.com