



**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
000028569	THE MIRIAM 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