



**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
001773596	POAH Hillside II LLC	Certificate of Good Standing
001773485	POAH Hillside II MM LLC	Certificate of Good Standing

**Filer's Contact Information**

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

Contact Name: Tracey Botchie

Business Name: POAH Inc.

No. and Street: 2 Oliver St. Suite 500

City or Town: Boston

State: MA

Zip: 02109

Country: USA

Contact Phone: 6174481019 ext:

Contact Email: tchace@poah.org