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
000106901	THE WESTERLY HOSPITAL FOUNDATION, INC.	Certificate of Good Standing

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

Contact Name: Laura Gradillas
Business Name: Labyrinth, Inc.
No. and Street: 1830 Colonial Village Lane
City or Town: Lancaster State: PA Zip: 17601 Country: USA
Contact Phone: 7602806917 ext:
Contact Email: Laura@labyrinthinc.com

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