



**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: CORPORATE TWO

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