



**State of Rhode Island and Providence Plantations**  
**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** (*Entity Name is only required for a Certificate of Non-Existence*)

ID	ENTITY NAME	CERTIFICATE TYPE
000010534	Microfibres, Inc.	Certificate of Fact / Certificate of Amendment

**Total Fee: \$32.00**

**Filer's Contact Information**

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

Contact Name: MARY ANN BEIRNE

Business Name: MICROFIBRES INC

No. and Street: 1 MOSHASSUCK STREE

City or Town: PAWTUCKET

State: RI

Zip: 02860

Country: USA

Contact Phone: (401) 725-4883 ext:

Contact Email: MBEIRNE@MICOFIBRES.COM

**Please provide an email address to receive an expedited response from us if the filing is rejected for any reason. If no email address is provided, we will respond by mail.**