



**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
000703083	Volunteers Organized in Ccommunity Empowerment Services	Letter of Status / Legal Existence

**Total Fee: \$7.00**

**Filer's Contact Information**

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

Contact Name: LUIS D. MARTINEZ

Business Name: VOLUNTEERS ORGANIZED IN COMMUNITY EMPOWERMENT SERVICES

No. and Street: 31 NORWICH AVE APT 2

City or Town: PROVIDENCE

State: RI Zip: 02905 County:

Contact Phone: (401) 654-8812 ext:

Contact Email: LUISMARTINEZ5204@YAHOO.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.**