



**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
000032532	Galilee Mission, Inc.	Long Form Good Standing

Total Fee: \$59.50

Filer's Contact Information

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

Contact Name: LYNN E. COSTIGAN

Business Name: GALILEE MISSION, INC.

No. and Street: 268 KINGSTOWN ROAD

City or Town: NARRAGANSETT

State: RI Zip: 02882 Country: US

Contact Phone: 401-789-9390 ext:

Contact Email: LCOSTIGAN@GMF.NECOXMAL.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.