



**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
000506527	Atlantic Footcare, Inc.	Letter of Status / Legal Existence

Total Fee: \$74.50

Filer's Contact Information

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

Contact Name: CHARLES SIPES

Business Name: ATLANTIC FOOTCARE, INC

No. and Street: 55 LOCUST LANE

City or Town: OAKLAND

State: RI

Zip: 02858

Country: USA

Contact Phone: (401) 568-4918 ext:

Contact Email: CSIPES@ATLANTICFOOTCARE.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.