



**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
000116194	Wilson Architects Inc.	Good Standing Certificate

**Total Fee: \$22.00**

**Filer's Contact Information**

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

Contact Name: AMY ORAFTHK

Business Name: WILSON ARCHITECTS

No. and Street: 374 CONGRESS ST.  
SUITE 400

City or Town: BOSTON

State: MA

Zip: 02210

Country: USA

Contact Phone: (617) 338-5990 ext:

Contact Email: AORAFTHK@WILSONARCH.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.**