



**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
000123883	Watlao Xoke Xayyaram Buddhist Temple	Good Standing Certificate

**Total Fee: \$7.00**

**Filer's Contact Information**

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

Contact Name: MATTHEW PORTER

Business Name:

No. and Street: 480 TURNPIKE STREET

City or Town: EASTON

State: MA

Zip: 02375

Country: USA

Contact Phone: (508) 238-2510 ext:

Contact Email: MPORTER@CLOZERS.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.**