



**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
000126744	Capital City Financial Corporation	Long Form Good Standing

**Total Fee: \$32.00**

**Filer's Contact Information**

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

Contact Name: JOHNATHON D. BIRS

Business Name: CAPITAL CITY FINANCIAL CORPORATION

No. and Street: 2740 PAWTUCKET AVENUE

City or Town: EAST PROVIDENCE

State: RI Zip: 02914 Country: USA

Contact Phone: (401) 432-9903 ext:

Contact Email: RVROSS@AOL.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.**