



**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
001660588	Kappa Psi Kappa Fraternity Incorporated	Good Standing Certificate

Total Fee: \$7.00

Filer's Contact Information

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

Contact Name: WILLIAM MCLEOD

Business Name: KAPPA PSI KAPPA FRATERNITY INC

No. and Street: 895 NORTH MAIN STREET

UNIT 2

City or Town: PROVIDENCE

State: RI Zip: 02904 Country: US

Contact Phone: 4019521615 ext:

Contact Email: SUPREMEEXCHERQUERKPSIK@KAPPAPSIKAPPA.ORG

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.