



**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
000049916	V.S. HASEOTES & SONS LIMITED PARTNERSHIP	Letter of Status / Legal Existence

Total Fee: \$22.00

Filer's Contact Information

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

Contact Name: GARY R ALGER

Business Name:

No. and Street: 519 MENDON ROAD

P.O. BOX 8000

City or Town: CUMBERLAND

State: RI

Zip: 02864

Country: US

Contact Phone: 3834000 ext:

Contact Email: GARYALGER@LAWYER.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.