State of Rhode Island and Providence Plantations Office of the Secretary of State				
HOPE	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	
Filer's Contact Informat	ion			
(Enter a contact name, mailing address and email.)				
Contact Name: TOM T	HIPPHAVONG			
Business Name: No. and Street: 458 RIVER ST				
	SOCKET	State: RI	Zip: <u>02895</u>	Country: USA
Contact Phone: (401) 6		<u>State</u> , <u>111</u>	шр. <u>02075</u>	country: <u>cont</u>
Contact Email: WATLAORI02895@YAHOO.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.				
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