



**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                   |
|-----------|---|------------------------------------|
| 000028741 | Child Evangelism Fellowship of Rhode Island, Inc. | Letter of Status / Legal Existence |

**Total Fee: \$7.00**

**Filer's Contact Information**

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

Contact Name: KATHRYN HALEY

Business Name: CHILD EVANGELISM FELLOWSHIP OF RHODE ISLAND

No. and Street: 621 SEVEN MILE RD

City or Town: HOPE

State: RI Zip: 02831 Country: USA

Contact Phone: (401) 585-0916 ext:

Contact Email: HALEYKK@GMAIL.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.**