



**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
001665447	CFS Providence LLC	Certificate of Fact / Certificate of Amendment

Total Fee: \$32.00

Filer's Contact Information

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

Contact Name: JASON GLANDER

Business Name: CFS PROVIDENCE LLC

No. and Street: 130 TEAL DRIVE

City or Town: WAKEFIELD

State: RI Zip: 02879 Country: USA

Contact Phone: 401-601-6052 ext:

Contact Email: CFSPROVIDENCE@CUSTOMFUNDRAISINGSOLUTIONS.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.