



**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
000744940	Whizz Education, Inc.	Certificate of Fact / Certificate of Revocation

**Total Fee: \$32.00**

**Filer's Contact Information**

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

Contact Name: COLIN HARDMAN

Business Name: WHIZZ EDUCATION, INC.

No. and Street: 400 NORTH 34TH STREET

SUITE 206

City or Town: SEATTLE

State: WA

Zip: 98103

Country: USA

Contact Phone: (206) 547-0434 ext:

Contact Email: COLIN@WHIZZ.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.**