



**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
001669337	Algieri Chiropractic, Inc.	Letter of Status / Legal Existence

Total Fee: \$74.50

Filer's Contact Information

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

Contact Name: BENJAMIN ALGIERE

Business Name: ALGIERE CHIROPRACTIC

No. and Street: 5 PROSPECT SQUARE
APT 1

City or Town: WYOMING

State: RI

Zip: 02898

Country: USA

Contact Phone: (401) 323-9965 ext:

Contact Email: BENJAMINALGIERE@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.