



**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
000087763	Lisa M. Family Limited Partnership	Certificate of Fact / Certificate of Amendment

**Total Fee: \$32.00**

**Filer's Contact Information**

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

Contact Name: JOHN CILLINO

Business Name: HOYT, FILIPPETTI & MALAGHAN

No. and Street: 107 AIRPORT ROAD

City or Town: WESTERLY

State: RI

Zip: 02891

Country: USA

Contact Phone: (401) 622-0391 ext:

Contact Email: JCILLINO@WESTERLYCPA.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.**