



**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
000038643	UNITED STATES PROFESSIONAL FINANCIAL GROUP, 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: CRAIG NAKANISHI

Business Name: CADES SCHUTTE

No. and Street: 1000 BISHOP STREET, SUITE 1200

City or Town: HONOLULU

State: HI

Zip: 96813

Country: USA

Contact Phone: (808) 521-9263 ext:

Contact Email: CNAKANISHI@CADES.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.