	State of Rhode Island and P Office of the Secre	
	Division Of Busine	ess Services
	148 W. River	Street
	Providence RI 02	904-2615
HOPE	(401) 222-3	3040
TOPE		
Certificate Request F	Form	
Request Information (E	ntity Name is only required for a Cen	ificate of Non-Existence)
ID	ENTITY NAME	CERTIFICATE TYPE
001673051	SouthCoast Fair Housing, Inc.	Letter of Status / Legal Existence
001673051	SouthCoast Fair Housing, Inc.	Good Standing Certificate
Total Fee: \$12.00		
Total Fee: \$12.00 Filer's Contact Informati	ion	
Total Fee: \$12.00 Filer's Contact Informati (Enter a contact name, ma	i on ailing address and email.)	
Total Fee: \$12.00 Filer's Contact Informati (Enter a contact name, ma Contact Name: <u>KRISTI</u>)	ion ailing address and email.) NA DA FONSECA	
Total Fee: \$12.00 Filer's Contact Informati (<i>Enter a contact name, ma</i> Contact Name: <u>KRISTII</u> Business Name: <u>SOUTH</u>	i on ailing address and email.) <u>NA DA FONSECA</u> COAST FAIR HOUSING	
Total Fee: \$12.00 Filer's Contact Informati (Enter a contact name, ma Contact Name: <u>KRISTII</u> Business Name: <u>SOUTH</u> No. and Street: <u>721 COU</u>	ion ailing address and email.) <u>NA DA FONSECA</u> COAST FAIR HOUSING JNTY STREET	
Total Fee: \$12.00 Filer's Contact Information (Enter a contact name, magnetic contact Name: KRISTIN Contact Name: SOUTH Business Name: SOUTH No. and Street: 721 COU City or Town: NEW BI	ion ailing address and email.) <u>NA DA FONSECA</u> <u>COAST FAIR HOUSING</u> <u>JNTY STREET</u> EDFORD	
Total Fee: \$12.00 Filer's Contact Informati (Enter a contact name, mathematication) Contact Name: KRISTII Business Name: SOUTH No. and Street: 721 COU City or Town: NEW BI Contact Phone: (508) 54	ion ailing address and email.) <u>NA DA FONSECA</u> <u>COAST FAIR HOUSING</u> JNTY <u>STREET</u> EDFORD 2-1993 ext:	State: <u>MA</u> Zip: <u>02740</u> Country: <u>USA</u>
Total Fee: \$12.00 Filer's Contact Information (Enter a contact name, magnetic factoria) Contact Name: KRISTID Business Name: SOUTH No. and Street: 721 COU City or Town: NEW BI Contact Phone: (508) 54 Contact Email: KRISTID	ion ailing address and email.) <u>NA DA FONSECA</u> <u>COAST FAIR HOUSING</u> <u>JNTY STREET</u> <u>EDFORD</u> <u>2-1993</u> ext: <u>NA@SOUTHCOASTFAIRHOU</u>	State: <u>MA</u> Zip: <u>02740</u> Country: <u>USA</u> SING.ORG
Total Fee: \$12.00 Filer's Contact Information (Enter a contact name, magnetic feature) Contact Name: KRISTII Business Name: SOUTH No. and Street: 721 COU City or Town: NEW BI Contact Phone: (508) 54 Contact Email: KRISTII Please provide an email	ion ailing address and email.) <u>NA DA FONSECA</u> <u>COAST FAIR HOUSING</u> <u>JNTY STREET</u> <u>EDFORD</u> <u>2-1993</u> ext: <u>NA@SOUTHCOASTFAIRHOU</u> I address to receive an expedited	State: <u>MA</u> Zip: <u>02740</u> Country: <u>USA</u> SING.ORG response from us if the filing is rejected for
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