State of Rhode Island
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

ID	ENTITY NAME	CERTIFICATE TYPE
000059966	Matthew F. Lopresti, DO, INC.	Certificate of Fact - Name Change

Filer's Contact Information
(Enter a contact name, mailing address and email.)

Contact Name: Kimberly OBrien
Business Name: Kimberly L. O'Brien, Esq.
No. and Street: 86 FALCON RIDGE DRIVE
City or Town: EXETER State: RI Zip: 02822 Country: USA
Contact Phone: 4014211300 ext:
Contact Email: kimberly@kloesq.com