



**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
000164418	Immaculate Conception Academy, Inc.	Certificate of Status - Dissolved

**Filer's Contact Information**

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

Contact Name: Enrique Ramirez

Business Name: CCAS INC

No. and Street: 30 MANSELL COURT, SUITE 103

City or Town: ROSWELL

State: GA

Zip: 30076

Country: USA

Contact Phone: 6789384500 ext:

Contact Email: eramirez@arcol.org