

## 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
001685583	First Nations Finance LLC	Certificate of Good Standing

## **Filer's Contact Information**

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

Contact Name: <u>Thomas Julio Palmerino</u> Business Name: <u>First Nations Finance LLC</u>

No. and Street: PO BOX 682

City or Town: <u>CHARLTON</u> State: <u>RI</u> Zip: <u>01507</u> Country: <u>USA</u>

Contact Phone:  $\underline{17744024457}$  ext: Contact Email:  $\underline{tjp1956@gmail.com}$ 

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