

## 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
001701958	Casa de Oracion Rhode Island	Certificate of Fact - Certificate of Merger

## **Filer's Contact Information**

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

Contact Name: Francisco Xum

Business Name:

No. and Street: 113 Lawrence St.

City or Town: <u>Cranston</u> State: <u>RI</u> Zip: <u>02920</u> Country: <u>USA</u>

 $\begin{array}{lll} \text{Contact Phone:} & \underline{4019525610} & \text{ext:} \\ \text{Contact Email:} & \underline{\text{xum22@hotmail.com}} \end{array}$ 

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