



**State of Rhode Island  
Office of the Secretary of State**

Division Of Business Services  
148 W. River Street  
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**Certificate Request Form**

**Request Information**

ID	ENTITY NAME	CERTIFICATE TYPE
001695454	Marasco & Nesselbush, LLP	Certificate of Legal Existence

**Filer's Contact Information**

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

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