



**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
000032027	South Shore Center	Certificate of Fact - Certificate of Merger

Filer's Contact Information

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

Contact Name: Kelley Traister

Business Name:

No. and Street: 50 W. Washington Ln.

City or Town: Philadelphia

State: PA

Zip: 19144

Country: USA

Contact Phone: 203-984-2382 ext:

Contact Email: kelleయాtraister@gmail.com