



**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
001753611	RODRIGUEZ SOFTBALL LEAGUE	Certificate of Fact - Certificate of Merger

Filer's Contact Information

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

Contact Name: Gerson Ruben Rodriguez

Business Name:

No. and Street: 208 Legion Way

City or Town: Cranston

State: RI

Zip: 02910

Country: USA

Contact Phone: 4016994032 ext:

Contact Email: gerson_rd@hotmail.com