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
000078740	FACTORY MUTUAL INSURANCE COMPANY	Certificate of Legal Existence

Filer's Contact Information
(Enter a contact name, mailing address and email.)

Contact Name: Nancy Robles
Business Name:
No. and Street: 131 Clarendon Street
City or Town: Boston State: MA Zip: 02116 Country: USA
Contact Phone: 5165769000 ext:
Contact Email: dcassidy@macrolease.com