



**State of Rhode Island and Providence Plantations
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 *(Entity Name is only required for a Certificate of Non-Existence)*

ID	ENTITY NAME	CERTIFICATE TYPE
000072536	The Amyotrophic Lateral Sclerosis Association Chapter o	Good Standing Certificate

Total Fee: \$7.00

Filer's Contact Information

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

Contact Name: NANCY J. FEROLDI

Business Name: ALS ASSOCIATION - RI CHAPTER

No. and Street: 2915 POST ROAD

City or Town: WARWICK

State: RI Zip: 02886-3117 Country: US

Contact Phone: 401-732-1609 ext:

Contact Email: INFO@ALSARI.ORG

Please provide an email address to receive an expedited response from us if the filing is rejected for any reason. If no email address is provided, we will respond by mail.