



**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
000530490	PURE HOCKEY LLC	Good Standing Certificate

**Total Fee: \$74.50**

**Filer's Contact Information**

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

Contact Name: KATHY COLLINS

Business Name: PURE HOCKEY LLC

No. and Street: 119 DEAN AVE

City or Town: FRANKLIN

State: MA Zip: 02038

Country: USA

Contact Phone: (508) 541-6100 ext:

Contact Email: KCOLLINS@TSGSPORTSGROUP.COM

**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.**