



**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 |
|-----------|----------------|---------------------------|
| 000031044 | AccessPoint RI | Good Standing Certificate |

Total Fee: \$7.00

Filer's Contact Information

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

Contact Name: THOMAS KANE

Business Name: ACCESSPOINT RI

No. and Street: 111 COMSTOCK PARKWAY

City or Town: CRANSTON State: RI Zip: 02921 Country: USA

Contact Phone: (401) 941-1112 ext:

Contact Email: LLIGHT@ACCESSPOINTRI.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.