



**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          |
|-----------|-------------------|---------------------------|
| 000027915 | Bryant University | Good Standing Certificate |

**Total Fee: \$7.00**

**Filer's Contact Information**

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

Contact Name: ANN COTE

Business Name: BRYANT UNIVERSITY

No. and Street: 1150 DOUGLAS PIKE

City or Town: SMITHFIELD

State: RI

Zip: 02917

Country: USA

Contact Phone: (401) 232-6563 ext:

Contact Email: ACOTE1@BRYANT.EDU

**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.**