



**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
000834559	A.T. CROSS COMPANY	Long Form Good Standing

**Total Fee: \$32.00**

**Filer's Contact Information**

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

Contact Name: AMY JODICE

Business Name: A.T. CROSS COMPANY

No. and Street: 1 ALBION ROAD

City or Town: LINCOLN

State: RI

Zip: 02865

Country: US

Contact Phone: 401-335-8203 ext:

Contact Email: AJODICE@CROSS.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.**