



**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
001667015	MASSCHALLENGE, INC.	Good Standing Certificate

**Total Fee: \$59.50**

**Filer's Contact Information**

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

Contact Name: PAIGE FRIEDLANDER

Business Name: MASSCHALLENGE

No. and Street: 21 DRYDOCK AVE  
601E

City or Town: BOSTON

State: MA

Zip: 02210

Country: US

Contact Phone: 5165096680 ext:

Contact Email: PAIGE@MASSCHALLENGE.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.**