



**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
000091588	Fairmount Post #85, The American Legion, Department of	Good Standing Certificate

**Total Fee: \$7.00**

**Filer's Contact Information**

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

Contact Name: DAVID MALONE

Business Name: FAIRMOUNT POST 85

No. and Street: 870 RIVER ST

City or Town: WOONSOCKET

State: RI

Zip: 02895

Country: USA

Contact Phone: (401) 300-2971 ext:

Contact Email: POST85DAVE@GMAIL.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.**