



**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**

| ID        | ENTITY NAME                    | CERTIFICATE TYPE             |
|-----------|--------------------------------|------------------------------|
| 000292757 | Performing Arts Programs, Inc. | Certificate of Good Standing |

**Filer's Contact Information**

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

Contact Name: Michael Lamb

Business Name: Performing Arts Programs, Inc.

No. and Street: P.O Box 633

City or Town: South Windsor

State: CT

Zip: 06074

Country: USA

Contact Phone: ext:

Contact Email: Lambarts@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.**