



**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
001679681	POAH Landowner, LLC	Certificate of Good Standing

**Filer's Contact Information**

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

Contact Name: Stephanie Wood

Business Name: POAH Inc.

No. and Street: 40 Court Street, Suite 700

City or Town: Boston

State: MA

Zip: 02108

Country: USA

Contact Phone: 617-449-1018 ext:

Contact Email: skwood@poah.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.**