



**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
001684440	NORTH PROVIDENCE SENIOR CENTER ASSOCIATION	Certificate of Good Standing

**Filer's Contact Information**

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

Contact Name: Maria Vallee

Business Name: Town of North Providence

No. and Street: 2000 Smith Street

City or Town: North Providence

State: RI

Zip: 02911

Country: USA

Contact Phone: ext:

Contact Email: mvallee@northprovidenceri.gov

**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.**