



**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
001658663	SEACOAST MOTORCYCLES, INC.	Certificate of Good Standing

**Filer's Contact Information**

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

Contact Name: Mary Larson

Business Name: Seacoast Harley-Davidson

No. and Street: PO Box 1740

City or Town: North Hampton

State: NH

Zip: 03862

Country: USA

Contact Phone: 603-964-9959 ext: 1190

Contact Email: mlarson@seacoastharley.com