

## State of Rhode Island 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
000792583	Scholastic Inc.	Certificate of Good Standing

## **Filer's Contact Information**

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

Contact Name: <u>Teresa Connelly</u> Business Name: <u>Scholastic Inc.</u>

No. and Street: 601 West 57th Street

Apartment 18A

City or Town: New York State: NY Zip: 10019 Country: USA

Contact Phone: <u>6467341458</u> ext:

 $Contact \ Email: \ \underline{tconnelly@scholastic.com}$ 

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