



**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
000072536	The Amyotrophic Lateral Sclerosis Association Chapter o	Certificate of Good Standing

**Filer's Contact Information**

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

Contact Name: Beth Flanagan

Business Name: Amyotrophic Lateral Sclerosis Association Chapter of RI (ALS Association RI Chapter)

No. and Street: 2374 Post Rd #103

City or Town: Warwick

State: RI Zip: 02886 Co:

Contact Phone: 4017321609 ext:

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