



**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 County: Providence

Contact Phone: 4017321609 ext:

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