

## 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
000119499	MIMA, LLC	Certificate of Good Standing

## **Filer's Contact Information**

(Enter a contact name, mailing address and email.)
Contact Name: North Easton Savings Bank

Business Name:

No. and Street: 20 Eastman Street

City or Town: South Easton State:  $\underline{MA}$  Zip:  $\underline{02375}$  Country:  $\underline{USA}$ 

Contact Phone: ext:

Contact Email: <u>cslack@northeastonsavingsbank.com</u>

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