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
000117078	MONTESSORI CENTRE OF BARRINGTON, INC.	Certificate of Good Standing - Long Form

Filer's Contact Information
(Enter a contact name, mailing address and email.)

Contact Name: Shawn M. Masterson
Business Name: Shapiro Dorry Masterson LLC
No. and Street: 145 Waterman Street
City or Town: Providence State: RI Zip: 02906 Country: USA
Contact Phone: 14014550002 ext:
Contact Email: smasterson@sdmlawgroup.com