

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
00	00419781	MAE ORGANIZATION, INC.	Certificate of Good Standing

Filer's Contact Information

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

Contact Name: <u>Isa Price</u>

Business Name: $\underline{\text{MAE Organization Inc.}}$ No. and Street: $\underline{1221 \text{ Resevoir Ave}}$

City or Town: <u>Cranston</u> State: <u>RI</u> Zip: <u>02920</u> Country: <u>USA</u>

Contact Phone: $\underline{401\text{-}529\text{-}3169}$ ext: Contact Email: $\underline{mprice23@verizon.net}$

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