

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
000028630	CHARLESTOWN CHAMBER OF COMMERCE, INC.	Certificate of Good Standing

Filer's Contact Information

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

Contact Name: Heather Paliotta

 ${\tt Business\ Name:} \underline{Charlestown\ Chamber\ of\ Commerce}$

No. and Street: PO Box 633

City or Town: <u>charlestown</u> State: <u>RI</u> Zip: <u>02813</u> Country: <u>USA</u>

Contact Phone: <u>4013643878</u> ext: <u>101</u>

Contact Email: <u>heatherpaliotta@earthlink.net</u>

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