

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

I	D	ENTITY NAME	CERTIFICATE TYPE
0017	707875	Men's Basketball Alumni Association Inc.	Certificate of Good Standing

Filer's Contact Information

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

Contact Name: Paul Nicholson

Business Name:

No. and Street: <u>6496 Heathsville Rd</u>

City or Town: Enfield State: NC Zip: 27823 Country: USA

Contact Phone: $\underline{4014088021}$ ext:

Contact Email: pnicholson05@gmail.com

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