



**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
001732762	RHODE ISLAND WILDCATS BASKETBALL CLUB, INC	Certificate of Good Standing

Filer's Contact Information

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

Contact Name: kristina matteson

Business Name:

No. and Street: 7 w shannock rd 4c

City or Town: richmond

State: RI

Zip: 02875

Country: USA

Contact Phone: ext:

Contact Email: kristina_matteson93@icloud.com