



**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
000034020	The Colonial Theatre School, Inc.	Certificate of Good Standing

**Filer's Contact Information**

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

Contact Name: Brian Leach

Business Name: Colonial Theatre School, Inc.

No. and Street: PO Box 762

City or Town: Westerly

State: RI

Zip: 02891

Country: USA

Contact Phone: 4126005292 ext:

Contact Email: bedward@colonialtheaterart.org