

## 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
001711196	Sowams Heritage Area Project, Inc.	Certificate of Good Standing

## **Filer's Contact Information**

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

Contact Name: <u>David Weed</u>

Business Name: <u>Sowams Heritage Area Project</u>

No. and Street:  $\underline{23\ BRIDGE\ STREET}$ 

City or Town: Warren State: RI Zip: 02885 Country: USA

Contact Phone: <u>5088379029</u> ext: Contact Email: <u>drweed@cox.net</u>

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