



**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
000026904	Atlantic Offshore Lobstermen's Association	Certificate of Good Standing

**Filer's Contact Information**

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

Contact Name: Matthew Stringer

Business Name: KeyBank

No. and Street: One Canal Plaza

City or Town: Portland

State: ME

Zip: 04101

Country: USA

Contact Phone: 2078747066 ext:

Contact Email: Jennifer L Wedge@keybank.com