

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
000030398	Tri-County Community Action Agency	Certificate of Good Standing

Filer's Contact Information

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

Contact Name: <u>TRACIE JORDAN</u>
Business Name: <u>Cogency Global Inc.</u>

No. and Street: $\underline{194~WASHINGTON~AVE}$

SUITE 310

City or Town: \underline{ALBANY} State: \underline{NY} Zip: $\underline{12210}$ Country: \underline{USA}

Contact Phone: 8008280928 ext:

Contact Email: <u>TJORDAN@COGENCYGLOBAL.COM</u>

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