



**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
000157821	Lymansville Memorial VFW Post 10011	Certificate of Good Standing

**Filer's Contact Information**

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

Contact Name: Charles Keegan

Business Name:

No. and Street: 354 Fruit Hill Ave

City or Town: North Providence

State: RI

Zip: 02911

Country: USA

Contact Phone: 4013539834 ext:

Contact Email: charles.keegen@va.gov