

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
00	1766657	Lowell Community Loan Fund Inc.	Certificate of Good Standing

Filer's Contact Information

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

Contact Name: Freiny Pena

 ${\tt Business\ Name:} \underline{Lowell\ Community\ Loan\ Fund\ INC.}$

No. and Street: 50 Island St.

<u>Suite 103</u>

City or Town: <u>Lawrence</u> State: <u>M A</u> Zip: <u>01840</u> Country: <u>USA</u>

Contact Phone: ext:

Contact Email: freiny.pena@mccinvest.org

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