

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
000164204	Providence After School Alliance, Inc.	Certificate of Good Standing

Filer's Contact Information

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

Contact Name: Renee Lafond

 ${\tt Business\ Name:} \underline{Providence\ After\ School\ Alliance}$

No. and Street: 188 Valley Street

<u>Suite 204</u>

City or Town: Providence State: RI Zip: 02909 Country: USA

Contact Phone: <u>4014909599</u> ext: <u>100</u> Contact Email: <u>rlafond@mypasa.org</u>

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