



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
001658663	SEACOAST MOTORCYCLES, INC.	Certificate of Good Standing

Filer's Contact Information

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

Contact Name: MARY LARSON

Business Name: SEACOAST HARLEY-DAVIDSON

No. and Street: PO BOX 1740

17 LAFAYETTE ROAD

City or Town: NORTH HAMPTON

State: NH Zip: 03862 Country: USA

Contact Phone: 6039649959 ext: 1190

Contact Email: MLARSON@SEACOASTHARLEY.COM