

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
001673830	248 Academy Management, LLC	Certificate of Good Standing

Filer's Contact Information

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

Contact Name: <u>JOSEPH STRAUSS</u>
Business Name: <u>USACORP INC</u>

No. and Street: $\underline{266\ BROADWAY}, \underline{SUITE\ 401}$

City or Town: <u>BROOKLYN</u> State: <u>NY</u> Zip: <u>11211</u> Country: <u>USA</u>

Contact Phone: <u>8448722677</u> ext:

Contact Email: USACORP@USACORPINC.COM

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