



**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
000033204	JOHNSTON CONGREGATION OF JEHOVAH'S WITNESSES	Certificate of Good Standing

Filer's Contact Information

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

Contact Name: Jonathan Mark

Business Name:

No. and Street: 253 Central Ave

City or Town: Scituate

State: RI

Zip: 02857

Country: USA

Contact Phone: 4014191966 ext:

Contact Email: jonmark1980@gmail.com