

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
000029367	SOUTH COUNTY MUSEUM	Certificate of Good Standing

Filer's Contact Information

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

Contact Name: Lynn Wagner

 $\hbox{Business Name:} \, \underline{South \,\, County \,\, Museum}$

No. and Street: PO Box 709

115 Strathmore St.

City or Town: Narragansett State: \underline{RI} Zip: $\underline{02882}$ Country: \underline{USA}

Contact Phone: 401.786.2442 ext:

Contact Email: info@southcountymuseum.org

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