



**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
000026549	HOPE LIBRARY ASSOCIATION	Certificate of Good Standing

**Filer's Contact Information**

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

Contact Name: Cora Morrigan

Business Name: Hope Library Association

No. and Street: 374 North Road

City or Town: Hope

State: RI

Zip: 02831

Country: USA

Contact Phone: 4018217910 ext:

Contact Email: director@hopelibraryri.org