

## 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
001716407	Imagine Learning LLC	Certificate of Good Standing

## **Filer's Contact Information**

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

Contact Name: <u>Lynette McVay</u>

Business Name:  $\underline{\text{Imagine Learning LLC}}$ No. and Street:  $\underline{100 \text{ S. Mill Ave } \#1700}$ 

City or Town: <u>Tempe</u> State: <u>AZ</u> Zip: <u>85281</u> Country: <u>USA</u>

Contact Phone: <u>8777254257</u> ext:

Contact Email: rfps@imaginelearning.com

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