

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
ſ	001745660	Prom USA, INC.	Certificate of Good Standing

Filer's Contact Information

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

Contact Name: <u>Alexa Costa</u>

 $\begin{tabular}{llll} {\bf Business Name:} & \underline{\bf Marshall \& Associates} \\ {\bf No. and Street:} & \underline{\bf 655 \ Mendon \ Road} \\ \end{tabular}$

City or Town: <u>Cumberland</u> State: <u>RI</u> Zip: <u>02864</u> Country: <u>USA</u>

Contact Phone: <u>401-727-4100</u> ext:

Contact Email: administration@marshall-associatesri.com

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