

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
000145156	EAST BAY BRISTOL COUNTY LACROSSE ASSOCIATION	Certificate of Good Standing

Filer's Contact Information

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

Contact Name: Kristen Antonio

Business Name:

No. and Street: $\underline{18 \text{ maple ave pmb } 268}$

City or Town: <u>barrington</u> State: <u>RI</u> Zip: <u>02806</u> Country: <u>USA</u>

Contact Phone: ext:

Contact Email: admin@eastbaylax.org

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