



**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
000112740	THE AUTISM PROJECT	Certificate of Good Standing

Filer's Contact Information

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

Contact Name: Katherine Kiser

Business Name:

No. and Street: 15 Lasalle Square 5th Floor

City or Town: Providence

State: RI

Zip: 02903

Country: USA

Contact Phone: 4014446805 ext:

Contact Email: kkiser1@brownhealth.org