



The Commonwealth of Massachusetts
William Francis Galvin

Secretary of the Commonwealth, Corporations Division
One Ashburton Place, 17th floor
Boston, MA 02108-1512
Telephone: (617) 727-9640

Certificate Request Form

Request Information *(ID Number, Entity Name, and certificate type are required)*

ID Number	ENTITY NAME	CERTIFICATE TYPE	E-Mail
237378144	GROW ASSOCIATES, INC.	Good Standing	True

File Fee: \$12.00
Expedited Fee: \$3.00

Filer's Contact Information

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

Contact Name: JAMES ZWEBER

Business Name: GROW ASSOCIATES, INC

No. and Street: 101 WALES AVE

City or Town: AVON

State: MA

Zip: 02322

Country: USA

Contact Phone: (508) 408-4210 ext:

Contact Email: JZWEBER@GROW-ASSOCIATES.ORG

**Please provide an email address to receive an expedited response from the Corporations Division.
If the filing is rejected for any reason, you will be contacted.**