State of Rhode Island and Providence Plantations Office of the Secretary of State				
Stary of State	Division Of Business Services 148 W. River Street Providence RI 02904-2615 (401) 222-3040			
Certificate Request Form				
Request Information (Entity Name is only required for a Certificate of Non-Existence) ID ENTITY NAME CERTIFICATE TYPE				
000141274	ENTITY NAME		Good Standing Certificate	
Filer's Contact Information (Enter a contact name, mailing address and email.) Contact Name: JOHN P. TOSCANO, JR.				
Contact Name: JOHN Business Name: JOHN No. and Street: 9 CAN	P. TOSCANO, JR.			
	96-1233 ext: @TOSCANOLAW.COM	e: <u>RI</u>		Country: <u>USA</u>
Please provide an email address to receive an expedited response from us if the filing is rejected for				
any reason. If no email	address is provided, we will res	oond by m		
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