



**State of Rhode Island and Providence Plantations  
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** *(Entity Name is only required for a Certificate of Non-Existence)*

| ID        | ENTITY NAME             | CERTIFICATE TYPE                   |
|-----------|-------------------------|------------------------------------|
| 000566345 | Coventry Associates LLC | Letter of Status / Legal Existence |

**Total Fee: \$22.00**

**Filer's Contact Information**

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

Contact Name: THOMAS P CALRKIN

Business Name: COVENTRY ASSOCIATES LLC

No. and Street: 37 SANDY BOTTOM ROAD

City or Town: COVENTRY

State: RI

Zip: 02816

Country: US

Contact Phone: 401-823-7600 ext:

Contact Email: PATTIE@CLARKIN.COM

**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 respond by mail.**