



**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
000111531	SleepMed incorporated	Good Standing Certificate
000794753	RP PROVIDENCE, L.L.C.	Good Standing Certificate
000795041	RP Providence Beverage Services, LLC	Good Standing Certificate

Total Fee: \$114.50

Filer's Contact Information

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

Contact Name: DAHRENA MITCHELL

Business Name: CT CORPORATION SYSTEM

No. and Street: 155 FEDERAL STREET

City or Town: BOSTON

State: MA Zip: 02110 Country: USA

Contact Phone: (617) 757-6404 ext:

Contact Email: CLS-CTBOSTONFULFILLMENT@WOLTERSKLUWER.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.