



**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
000504670	1601 Mineral Spring Avenue LLC	Long Form Good Standing

Total Fee: \$84.50

Filer's Contact Information

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

Contact Name: JEANNE ST.GERMAIN

Business Name: 1601 MINERAL SPRING AVENUE LLC

No. and Street: PO BOX 91012

City or Town: JOHNSTON

State: RI Zip: 02919 Country: USA

Contact Phone: (401) 330-2139 ext:

Contact Email: JSTGERMAIN@METROMOTORGROUP.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.