



**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
000714703	TwentyTwelve LLC	Long Form Good Standing
000714703	TwentyTwelve LLC	Good Standing Certificate

**Total Fee: \$52.00**

**Filer's Contact Information**

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

Contact Name: DAN SCHNEIDER

Business Name: TWENTY TWELVE LLC

No. and Street: 536 ATWELLS AVE SUITE1

City or Town: PROVIDENCE

State: RI

Zip: 02909

Country: USA

Contact Phone: (508) 294-1769 ext:

Contact Email: DAN.GUIDEPOST@GMAIL.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.**