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
000904073	Bleed For This, LLC	Long Form Good Standing

Total Fee: $32.00

Filer's Contact Information
(Enter a contact name, mailing address and email.)
Contact Name: BRUCE COHEN
Business Name: BLEED FOR THIS LLC
No. and Street: 274 WEST 11TH STREET
#5R
City or Town: NEW YORK State: NY Zip: 10014 Country: USA
Contact Phone: (323) 650-4567 ext:
Contact Email: BEN@BRUCECOHENPRODUCTIONS.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.