

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
000834591	Once On Tour Limited Liability Company	Good Standing Certificate

Total Fee: \$22.00

Filer's Contact Information

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

Contact Name: LISA M. POYER

Business Name: ONCE ON TOUR LIMITED LIABILITY COMPANY

No. and Street: CO/ROBERT COLE PRODUCTIONS

1650 BROADWAY, SUITE 1110

City or Town: NEW YORK

Contact Phone: <u>(212) 776-4410</u> ext:

 $Contact \ Email: \ \underline{LMPOYERCM@GMAIL.COM}$

Please provide an email address to receive an expedited response from us if the filing is rejected for

State: NYZip: 10019Country: USA

any reason. If no email address is provided, we will respond by mail.

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