



**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        |
|-----------|----------------|-------------------------|
| 000846783 | 110 Kenyon LLC | Long Form Good Standing |

**Total Fee: \$84.50**

**Filer's Contact Information**

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

Contact Name: GINI SPAZIANO

Business Name: SHECHTMAN HALPERIN SAVAGE, LLP

No. and Street: 1080 MAIN STREET

City or Town: PAWTUCKET

State: RI

Zip: 02860

Country: USA

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Contact Email: GSPAZIANO@SHSLAWFIRM.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.**