State of Rhode Island and Providence Plantations Office of the Secretary of State				
HOPE	Division Of Business Services 148 W. River Street Providence RI 02904-2615 (401) 222-3040			
Certificate Request I	Form			
Request Information (Entity Name is only required for a Certificate of Non-Existence)				
ID	ENTITY NAME		CERTIFICATE TYPE	
000009629	Palmer Spring Co.		Good Standing Certificate	
Filer's Contact Informat (Enter a contact name, m	ion ailing address and email.)			
Contact Name: DOUG Business Name: PALM	LAS PALMER ER SPRING CO.			
Contact Phone: (401) 3	DENCE Sta	te: <u>RI</u>	Zip: <u>02907</u>	Country: <u>USA</u>
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.				
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