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			
000947244	ENTITY NAME GJM VENTURES, LLC		JATE TYPE
Filer's Contact Information (Enter a contact name, mailing address and email.) Contact Name: KRIS DWYER Device on Name: KRIS DWYER			
Business Name: No. and Street: <u>68 ORC</u> City or Town: <u>HOPE</u> Contact Phone: (401) 99 Contact Email: THEHC	S	ate: <u>RI</u> Zip: <u>0283</u>	31 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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