



**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
000571383	Apothaca, Inc.	Good Standing Certificate

**Total Fee: \$22.00**

**Filer's Contact Information**

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

Contact Name: SHAYNA DESAI

Business Name: LICENSELOGIX

No. and Street: 140 GRAND ST  
STE 300

City or Town: WHITE PLAINS

State: NY

Zip: 10601

Country: USA

Contact Phone: (800) 292-0909 ext:

Contact Email: SDESAI@LICENSELOGIX.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.**