s	State of Rhode Island and Providence Plantations Office of the Secretary of StateDivision Of Business Services 148 W. River Street Providence RI 02904-2615 (401) 222-3040			
HOPE				
Certificate Request Form				
Request Information (Entity Name is only required for a Certificate of Non-Existence)				
ID	ENTITY NAME	CERTIFICATE TY	ICATE TYPE	
000986118	Austin Meadows LLC	Good Standing Certifica	Good Standing Certificate	
Filer's Contact Information (Enter a contact name, mailing address and email.) Contact Name: TRACY DUFF				
Business Name:AUSTIN				
No. and Street: 1004 BOSTON NECK ROAD				
SUITE 6				
-	GANSETT	State: <u>RI</u> Zip: <u>02882</u>	Country: <u>USA</u>	
Contact Phone: (401) 789-1684 ext: Contact Email: TRACY.KEYSTONEREALTY@GMAIL.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.				
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