



**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
001658436	1100 Warren Avenue, LLC	Good Standing Certificate
001658437	1085 Waterman Avenue, LLC	Good Standing Certificate

Total Fee: \$42.00

Filer's Contact Information

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

Contact Name: NATALIE PARRILLO

Business Name:

No. and Street: 26 COLVIN STREET
PO BOX 396

City or Town: HOPE

State: RI

Zip: 02831

Country: US

Contact Phone: 4018220618 ext:

Contact Email: NATP14@COX.NET

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.