



**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
001665203	Blue Isle, LLC	Certificate of Fact / Certificate of Amendment

Total Fee: \$32.00

Filer's Contact Information

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

Contact Name: RIKHI J DSOUZA

Business Name: BLUE ISLE, LLC

No. and Street: 973 N MAIN RD

City or Town: JAMESTOWN

State: RI

Zip: 02835

Country: USA

Contact Phone: (401) 423-0134 ext:

Contact Email: BLUEISLELLC@OUTLOOK.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.