s second	State of Rhode Island and Providence Plantations Office of the Secretary of State			
HOPE	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	
001665660	Lotus Invesmtents LLC	Certifica	ate of Non-Existence Landlords	
Filer's Contact Information (Enter a contact name, mailing address and email.) Contact Name: JOANN NUTINI				
Business Name: <u>LAW OFFICE OF MARK P. GAGLIARDI</u>				
No. and Street: <u>120 WAYLAND AVENUE</u>				
Please provide an email	D <u>ENCE,</u> 1 <u>030</u> ext: @GAGLIARDILAW.NET address to receive an expedi		rom us if the fili	Country: <u>USA</u>
for any reason. If no em	ail address is provided, we wi	ii respond by h	nan.	
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