



**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
000160571	SUPREME RESTORATION, LLC	Letter of Status / Legal Existence
000160571	SUPREME RESTORATION, LLC	Letter of Status / Legal Existence

**Total Fee: \$42.00**

**Filer's Contact Information**

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

Contact Name: AMANDA VETELINO

Business Name: SERVPRO OF WASHINGTON COUNTY

No. and Street: 67 TOM HARVEY ROAD

City or Town: WESTERLY

State: RI

Zip: 02891

Country: USA

Contact Phone: (401) 315-2337 ext:

Contact Email: AMANDA@SERVPRO9563.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.**