	State of Rhode Island and Office of the Secr			S
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	
000798220	TABLE LLC		Good Standing Certificate	
Filer's Contact Information				
(Enter a contact name, mailing address and email.) Contact Name: CLAUDE LOCHET				
Business Name: TABLE				
No. and Street: 8 ANO	KAAVE			
		e: <u>RI</u>	Zip: <u>02806</u>	Country: <u>USA</u>
Contact Phone: (401) 337-5830 ext:				
Contact Email: <u>TABLE8ANOKA@GMAIL.COM</u>				
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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