



**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
001656902	COASTAL AEROPONICS LLC	Good Standing Certificate

Total Fee: \$22.00

Filer's Contact Information

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

Contact Name: STEFANIE FISCHER

Business Name: COASTAL AEROPONICS, LLC

No. and Street: PO BOX 9359

City or Town: WARWICK,

State: RI

Zip: 02889

Country: USA

Contact Phone: (315) 725-6061 ext:

Contact Email: COASTALAEROPONICS@GMAIL.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.