		ate 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 I	Form			
Request Information (Entity Name is only required for a Certificate of Non-Existence)				
ID	ENTITY NAME		CERTIFICATE TYPE	
000523320	Laws 6, Inc.		Good Standing Certificate	
Contact Name: PAM C	ailing address and email.) CHASE			
Business Name: <u>MANN</u> No. and Street: <u>191 SO</u> SUITE	UTH MAIN STREET			
City or Town:MIDDIContact Phone:(978) 7	<u>LETON</u> 62-6238 ext:	State: <u>MA</u>	Zip: <u>01949</u>	Country: <u>USA</u>
Contact Email: <u>PAMELA@MANNPC.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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