

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
000534242	CWPM, LLC	Good Standing Certificate

Total Fee: \$22.00

Filer's Contact Information

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

Contact Name: MIKE CALANDRA

Business Name: CWPM

No. and Street: 29 JEFFERSON AVE

City or Town: $\underline{NEW\ LONDON}$ State: \underline{CT} Zip: $\underline{06320}$ Country: \underline{USA}

Contact Phone: (860) 447-1473 ext:
Contact Email: MIKEC@CWPM.NET

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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