



**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
000816740	ORIGEN BOWLING LANE, LLC	Good Standing Certificate
000816740	ORIGEN BOWLING LANE, LLC	Good Standing Certificate

**Total Fee: \$42.00**

**Filer's Contact Information**

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

Contact Name: AMANDA FLAHERTY

Business Name: ORIGEN VENTURES

No. and Street: 76 SUMMER STREET  
SUITE 610

City or Town: BOSTON

State: MA Zip: 02110

Country: USA

Contact Phone: (617) 350-0050 ext:

Contact Email: AMANDA@ORIGENVENTURES.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.**