s second	State of Rhode Island and Providence Plantations Office of the Secretary of StateDivision Of Business Services 148 W. River Street Providence RI 02904-2615 (401) 222-3040	
HOPE		
Certificate Request F	orm	
Request Information (E	ntity Name is only required for a C	Certificate of Non-Existence)
ID	ENTITY NAME	CERTIFICATE TYPE
001670969	Glaswerke, LLC	Letter of Status / Legal Existence
Filer's Contact Informati (Enter a contact name, ma		
Contact Name: EDWAR	-	
Business Name: GLASW		
No. and Street: 29 STAM	NTON ROAD	
City or Town: <u>PORTS</u>	MOUTH	State: <u>RI</u> Zip: <u>02871</u> Country: <u>USA</u>
Contact Phone: (401) 87		
Contact Email: <u>NHOLE@GLASWERKE-WALLS.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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