	State of Rhode Island and Office of the Sec			
HOPE	Division Of Business Services 148 W. River Street Providence RI 02904-2615 (401) 222-3040			
Certificate Request I	Form			
Request Information (E	ntity Name is only required for a	Certificate of No	n-Existence)	
ID	ENTITY NAME		CERTIFICATE TYPE	
001339462	Ocean State Divorce, LLC	(Good Standing Certificate	
Filer's Contact Informat (Enter a contact name, m	ion ailing address and email.)			
Contact Name: GEORG	EJBAUERLE			
Business Name: OCEAN	T STATE DIVORCE, LLC			
No. and Street: 7405 PC	<u>T STATE DIVORCE, LLC</u> DST ROAD			
No. and Street:7405 PCCity or Town:NORTH	IT STATE DIVORCE, LLC DST ROAD I KINGSTOWN	State: <u>RI</u>	Zip: <u>02852</u>	Country: <u>USA</u>
No. and Street:7405 PCCity or Town:NORTHContact Phone:(401) 43	<u>T STATE DIVORCE, LLC</u> DST ROAD I KINGSTOWN 39-0964 ext:		Zip: <u>02852</u>	Country: <u>USA</u>
No. and Street:7405 PCCity or Town:NORTHContact Phone:(401) 43Contact Email:GBAUE	<u>T STATE DIVORCE, LLC</u> <u>OST ROAD</u> I <u>KINGSTOWN</u> 39-0964 ext: CRLE@ROBERTECRAVEN.C	<u></u>		
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