	State 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	Form			
Request Information (E	Entity Name is only required for a	Certificate of N	on-Existence)	
ID	ENTITY NAME		CERTIFICATE TYPE	
001338110	C & C Lemonade Incorporated		Good Standing Certificate	
	:			
Filer's Contact Informat (Enter a contact name, m	ailing address and email.)			
Contact Name: RAY L				
Business Name: C & C I	LEMONADE INCORPORATE	ED		
No. and Street: 50 OCE	AN VILLAGE COURT			
City or Town: WAKE		State: <u>RI</u>	Zip: <u>02879</u> Court	ntry: <u>USA</u>
Contact Phone: $(401)$ 78				
	<u>YONS1@GMAIL.COM</u>		from the life of the state of the	an ta ata al
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.				
© 2007 - 2017 State of Rhode All Rights Reserved	Island and Providence Plantations			