



**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
000130902	CAPLAR, LLC	Good Standing Certificate

**Total Fee: \$22.00**

**Filer's Contact Information**

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

Contact Name: JOHN LAROCHELLE

Business Name: CAPLAR

No. and Street: 1 TURKS HEAD PLACE  
SUITE 1440

City or Town: PROVIDENCE

State: RI

Zip: 02903

Country: US

Contact Phone: 4017427222 ext:

Contact Email: LAROCHELLE.JOHN@GMAIL.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.**