	State of Rhode Island and Pro Office of the Secreta	
	Division Of Business	Services
	148 W. River S	
	Providence RI 0290	
Luca C	(401) 222-30	
HOPE	() === ==	
certificate Request	Form	
Request Information //	Entity Name is only required for a Certi	ficate of Non-Existence)
ID	ENTITY NAME	CERTIFICATE TYPE
000794153	NICNAP PARTNERS LLC	Good Standing Certificate
Total Fee: \$22.00		
Total Fee: \$22.00		
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Filer's Contact Information	tion nailing address and email.)	
Filer's Contact Informat	nailing address and email.)	
Filer's Contact Informat <i>Enter a contact name, m</i> Contact Name: <u>HEATH</u>	nailing address and email.)	ENBERG
Filer's Contact Informat Enter a contact name, m Contact Name: <u>HEATH</u> Business Name: <u>SILVA</u> ,	nailing address and email.) IER CAWLEY	ENBERG
Filer's Contact Informat <i>Enter a contact name, m</i> Contact Name: <u>HEATH</u> Business Name: <u>SILVA,</u> No. and Street: <u>1100 A</u>	nailing address and email.) I <u>ER CAWLEY</u> , THOMAS, MARTLAND & OFFE QUIDNECK AVENUE	
Filer's Contact Informat <i>Enter a contact name, m</i> Contact Name: <u>HEATH</u> Business Name: <u>SILVA,</u> No. and Street: <u>1100 A</u> City or Town: <u>MIDDL</u>	nailing address and email.) I <u>ER CAWLEY</u> , THOMAS, MARTLAND & OFFE QUIDNECK AVENUE LETOWN	ENBERG State: <u>RI</u> Zip: <u>02842</u> Country: <u>US</u>
Filer's Contact Informat <i>Enter a contact name, m</i> Contact Name: <u>HEATH</u> Business Name: <u>SILVA,</u> No. and Street: <u>1100 Au</u> City or Town: <u>MIDDL</u> Contact Phone: <u>401849</u>	nailing address and email.) I <u>ER CAWLEY</u> , THOMAS, MARTLAND & OFFE QUIDNECK AVENUE L <u>ETOWN</u> 6200 ext:	
Filer's Contact Informat Enter a contact name, m Contact Name: <u>HEATH</u> Business Name: <u>SILVA</u> , No. and Street: <u>1100 A</u> Contact Phone: <u>401849</u> Contact Email: <u>HCAW</u>	nailing address and email.) I <u>ER CAWLEY</u> , THOMAS, MARTLAND & OFFE QUIDNECK AVENUE JETOWN 6200 ext: LEY@SILVALAWGROUP.COM	State: <u>RI</u> Zip: <u>02842</u> Country: <u>US</u>
Filer's Contact Informat (Enter a contact name, m Contact Name: <u>HEATH</u> Business Name: <u>SILVA</u> , No. and Street: <u>1100 At</u> City or Town: <u>MIDDL</u> Contact Phone: <u>401849</u> Contact Email: <u>HCAW</u>	nailing address and email.) I <u>ER CAWLEY</u> , THOMAS, MARTLAND & OFFE QUIDNECK AVENUE JETOWN 6200 ext: LEY@SILVALAWGROUP.COM	State: <u>RI</u> Zip: <u>02842</u> Country: <u>US</u>
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