



**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
001668640	TRI STATE GOLF LLC	Certificate of Good Standing

**Total Fee: \$22.00**

**Filer's Contact Information**

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

Contact Name: Amanda King

Business Name: Flynn Law Office

No. and Street: 367 Main Street

City or Town: Oxford

State: MA

Zip: 01540

Country: USA

Contact Phone: ext:

Contact Email: Amanda@flynnlawma.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.**