



**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

ID	ENTITY NAME	CERTIFICATE TYPE
000940996	Leafilter North of Massachusetts, Inc.	Certificate of Good Standing

Filer's Contact Information

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

Contact Name: Hannah

Business Name: LeafFilter North LLC

No. and Street: 1595 Georgetown Road

City or Town: Hudson

State: OH

Zip: 44236

Country: USA

Contact Phone: ext:

Contact Email: hdotson@leafilter.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.