



**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
000012575	Twin Willows Inc.	Certificate of Good Standing

**Filer's Contact Information**

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

Contact Name: Marti Coyne

Business Name:

No. and Street: 865 Boston Neck Rd.

City or Town: Narragansett

State: RI

Zip: 02882

Country: USA

Contact Phone: 4017898153 ext:

Contact Email: mkcoyne3@cox.net

**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.**