



**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
001659009	MAPLE AVE. PARTNERS, LLC	Certificate of Good Standing

**Filer's Contact Information**

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

Contact Name: Ilana Coenen

Business Name: Jackson O'Neill, LLC

No. and Street: 49 Bellevue Avenue

City or Town: Newport

State: RI

Zip: 02840

Country: USA

Contact Phone: 401-848-7979 ext: 1

Contact Email: imc@jacksononeill.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.**