



**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
000161096	BOYD, LLC	Certificate of Good Standing

**Filer's Contact Information**

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

Contact Name: Shari Boyd

Business Name: Boyd LLC

No. and Street: 14 SPRAGUE STREET

City or Town: GREENVILLE

State: RI

Zip: 02828

Country: USA

Contact Phone: 4015563459 ext:

Contact Email: sharilee63@gmail.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.**