



**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
000142584	620 MAIN STREET ASSOCIATES LLC	Certificate of Good Standing

Filer's Contact Information

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

Contact Name: Lisa Vitale

Business Name: Macrolease Corporation

No. and Street: 185 Express Street
Suite 100

City or Town: Plainview

State: NY

Zip: 11803

Country: USA

Contact Phone: 5165769000 ext:

Contact Email: lvitale@macrolease.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.