State of Rhode Island and Providence Plantations Office of the Secretary of State				
HOPE	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	
000703758	Savory Ventures, Inc.		Certificate of Good Standing	
Filer's Contact Information (Enter a contact name, mailing address and email.) Contact Name: James O Reavis Business Name: Reavis Law LLC No. and Street: 245 Waterman Street				
City or Town: <u>Provi</u>	dence Stat	e: <u>RI</u>	Zip: <u>02906</u>	Country: <u>USA</u>
Contact Phone: <u>401-272-5504</u> ext: Contact Email: jreavis@reavis-law.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.				
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