



**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
000107494	Mirror Image, Inc.	Certificate of Good Standing
000105984	EXCHANGE PLACE, LLC	Certificate of Good Standing

**Filer's Contact Information**

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

Contact Name: RICHARD ROTH

Business Name: MIRROR IMAGE INC.

No. and Street: 190 EXCHANGE ST

City or Town: PAWTUCKET

State: RI

Zip: 02860

Country: USA

Contact Phone: 4017245353 ext:

Contact Email: AIMEE@MIRRORIMAGE.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.**