



**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
001663370	Wally Lewis LLC	Certificate of Good Standing

**Filer's Contact Information**

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

Contact Name: Wally Lewis

Business Name: Wally Lewis LLC

No. and Street: PO Box 1718

City or Town: Pawcatuck

State: CT

Zip: 06379

Country: USA

Contact Phone: 860-908-8334 ext:

Contact Email: mark@marksilviacpa.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.**