



**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
000030980	2nd Story Theatre	Certificate of Good Standing

**Filer's Contact Information**

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

Contact Name: Dennis Shea

Business Name:

No. and Street: 2659 NE 35th St Ste 19

City or Town: Ocala

State: FL

Zip: 34479

Country: USA

Contact Phone: ext:

Contact Email: dennis@djshealaw.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.**