



**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
000059536	The Children's Workshop, 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  
Suite 109

City or Town: Providence

State: RI

Zip: 02906

Country: USA

Contact Phone: 4012725504 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.**