



**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
001674975	Package Select LLC	Certificate of Good Standing

**Filer's Contact Information**

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

Contact Name: KEDRA REED

Business Name: PACKAGE SELECT LLC

No. and Street: 11660 Church st #691

City or Town: Rancho Cucamonga

State: CA

Zip: 91730

Country: USA

Contact Phone: 5084046337 ext:

Contact Email: kedra.reed@packageselect.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.**