



**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
001035750	79 SUMMER STREET LLC	Certificate of Good Standing

**Filer's Contact Information**

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

Contact Name: steve benjamin

Business Name:

No. and Street: 160 wilbert way

City or Town: north kingstown

State: RI

Zip: 02917

Country: USA

Contact Phone: ext:

Contact Email: sbenjamin\_1@msn.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.**