



**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
001667455	BEACHSIDE RENTALS, LLC	Certificate of Status - Dissolved

**Filer's Contact Information**

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

Contact Name: Lisa Kamen

Business Name:

No. and Street: 75 Jefferson Drive

City or Town: Guiford

State: CT

Zip: 06437

Country: USA

Contact Phone: 2036051041 ext:

Contact Email: LMKamen@yahoo.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.**