



**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.