



**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
001678806	Ephesians 2:10 LLC	Certificate of Good Standing

**Filer's Contact Information**

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

Contact Name: Peter A. Saulino

Business Name: Saulino & Silvia, PC

No. and Street: 550 Locust Street

City or Town: Fall River

State: MA

Zip: 02720

Country: USA

Contact Phone: 5086757770 ext:

Contact Email: mreffelt@saolinoandsilvia.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.**