

## 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
001677746	LTRS, LLC	Certificate of Good Standing

## **Filer's Contact Information**

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

Contact Name: Adam J. Rose, Esq.

Business Name:

No. and Street:  $\underline{1226 \text{ Charles St.}}$ 

City or Town: North Providence State: RI Zip: 02904 Country: USA

 $\begin{array}{lll} \text{Contact Phone:} & \underline{401\text{-}722\text{-}2228} & \text{ext:} \\ \text{Contact Email:} & \underline{adam@ajroselaw.com} \end{array}$ 

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