



**State of Rhode Island  
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
001684396	CL OPERATING LLC	Certificate of Good Standing

**Filer's Contact Information**

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

Contact Name: Travis Moore

Business Name: Alliance Partners

No. and Street: 4445 Willard Avenue, Suite 1100

City or Town: Chevy Chase

State: MD

Zip: 20815

Country: USA

Contact Phone: 3012325439 ext:

Contact Email: tmoore@alliancepartners.com