



**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
000875120	450 MAIN ST LLC	Certificate of Good Standing

Filer's Contact Information

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

Contact Name: DAVID SEQUINO

Business Name:

No. and Street: 48 BARDEN LN

City or Town: WARREN

State: RI

Zip: 02885

Country: USA

Contact Phone: ext:

Contact Email: IN8DAVE@GMAIL.COM