

## 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
001713176	Kairos LLC	Certificate of Good Standing

## **Filer's Contact Information**

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

Contact Name: <u>Joseph Welch</u>
Business Name: <u>Kairos LLC</u>
No. and Street: <u>77 Pumpkin Lane</u>

City or Town: <u>Charlton</u> State: <u>MA</u> Zip: <u>01507</u> Country: <u>USA</u>

 $\begin{array}{lll} \mbox{Contact Phone:} & \underline{5083206504} \ \mbox{ ext:} \\ \mbox{Contact Email:} & \underline{\mbox{Jwelch226@gmail.com}} \end{array}$ 

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