

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
001714806	C.G. Ventures, LLC	Certificate of Good Standing

Filer's Contact Information

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

Contact Name: Stephen Gagnon
Business Name: Stephens Lending
No. and Street: 412 Providence Road

City or Town: <u>Brooklyn</u> State: <u>CT</u> Zip: <u>06234</u> Country: <u>USA</u>

 $\begin{array}{lll} \mbox{Contact Phone:} & \underline{8607790800} & \mbox{ext:} \\ \mbox{Contact Email:} & \underline{rmundo13@gmail.com} \end{array}$

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