



**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
000911710	PARLOR LLC	Certificate of Good Standing

Filer's Contact Information

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

Contact Name: Lisa Nocon

Business Name: Parlor LLC

No. and Street: 32 Connecticut Avenue

City or Town: Middletown

State: RI

Zip: 02842

Country: USA

Contact Phone: 4018627405 ext:

Contact Email: lisa@cphnpt.com