

## 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
001715329	110 Capital LLC	Certificate of Good Standing

## **Filer's Contact Information**

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

Contact Name: James V. Kelly

Business Name: Simmons Associates, Ltd.

No. and Street: 155 South Main Street, Suite 301

City or Town: PROVIDENCE State: RI Zip: 02903 Country: USA

 $\begin{array}{ll} \mbox{Contact Phone:} & \underline{401\ 272\text{-}5800} \ \mbox{ext:} \\ \mbox{Contact Email:} & \underline{kboyd@simmonsltd.com} \end{array}$ 

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