

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
001682612	Downcity Phase II LLC	Certificate of Good Standing

Filer's Contact Information

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

Contact Name: Kimberly Haskins

Business Name:

No. and Street: 46 Aborn Street

4th Floor

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

 $\begin{array}{ll} \text{Contact Phone:} & \underline{401\text{-}421\text{-}0254} \text{ ext:} \\ \text{Contact Email:} & \underline{\text{kimberly@cornishlp.com}} \end{array}$

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