

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
000082457	L. B. CORP.	Certificate of Good Standing

Filer's Contact Information

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

Contact Name: <u>Heather Borges</u>

Business Name: J.H. Lynch *& Sons, Inc.

No. and Street: 50 Lynch Place

City or Town: <u>Cumberland</u> State: <u>RI</u> Zip: <u>02864</u> Country: <u>USA</u>

 $\begin{array}{lll} \mbox{Contact Phone:} & \underline{4013334300} & \mbox{ext:} \\ \mbox{Contact Email:} & \underline{hborges@jhlynch.com} \end{array}$

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