



**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
001720223	Card Crazy LLC	Certificate of Good Standing

**Filer's Contact Information**

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

Contact Name: Jason Smith

Business Name: Card Crazy LLC

No. and Street: 165 Sayles Hill Rd

City or Town: North Smithfield

State: RI

Zip: 02896

Country: USA

Contact Phone: 4013093947 ext:

Contact Email: Jsmith199555@yahoo.com