

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
001657612	Cumberland Rides LLC	Certificate of Good Standing

Filer's Contact Information

(Enter a contact name, mailing address and email.)
Contact Name: VINCENT NYANGENA
Business Name: Cumberland Rides LLC

No. and Street: 15 DORR STREET

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

Contact Phone: $\underline{401-952-0778}$ ext:

Contact Email: vincent.n@cumberlandridesllc.com

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