

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
001713937	The Albergue	Certificate of Good Standing

Filer's Contact Information

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

Contact Name: Elizabeth W Martin

Business Name:

No. and Street: 438 12th St., Apt. 1C

City or Town: <u>Brooklyn</u> State: <u>NY</u> Zip: <u>11215</u> Country: <u>USA</u>

 $\begin{array}{lll} \mbox{Contact Phone:} & \underline{9177481245} & \mbox{ext:} \\ \mbox{Contact Email:} & \underline{\mbox{lizwmartin@gmail.com}} \end{array}$

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