

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
000143306	BIERNACKI PROPERTIES, LLC	Certificate of Good Standing

Filer's Contact Information

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

Contact Name: <u>TIFFINEY LOMAX</u>

Business Name: SunDoc Filings

No. and Street: 7801 FOLSOM BLVD

SUITE 202

City or Town: Sacramento State: CA Zip: 95823 Country: USA

 $\begin{array}{lll} \text{Contact Phone:} & \underline{9163889800} & \text{ext:} & \underline{200} \\ \text{Contact Email:} & \underline{tlomax@sundocfilings.com} \end{array}$

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