

## 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
001689012	Grams Distribution, LLC	Certificate of Good Standing

## **Filer's Contact Information**

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

Contact Name: Francine Karp
Business Name: Grams Distribution

No. and Street: 140 Jerry La

City or Town: North Kingstown State:  $\underline{RI}$  Zip:  $\underline{02852}$  Country:  $\underline{USA}$ 

Contact Phone: <u>14047726217</u> ext:

Contact Email: john@gramsdistribution.com

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