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
001678845	West Street Story, LLC	Certificate of Good Standing

Filer's Contact Information
(Enter a contact name, mailing address and email.)

Contact Name: Ryan Saber
Business Name: West Street Story LLC
No. and Street: PO Box 3103
City or Town: Narragansett State: RI Zip: 02882 Country: USA
Contact Phone: ext:
Contact Email: rsaber@ymail.com