



**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
000155503	NORTH SMITHFIELD LASER TAG & ARCADE, LLC	Certificate of Good Standing

**Filer's Contact Information**

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

Contact Name: Tom Marsella

Business Name: North Smithfield Laser Tag And Arcade, LLC

No. and Street: 450 Providence Pike

City or Town: North Smithfield

State: RI

Zip: 02896

Country: USA

Contact Phone: 4012268555 ext:

Contact Email: tmarsella@wallstreetmortgage.us