



**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
000542851	ANEMOI, LLC	Certificate of Status - Dissolved

Filer's Contact Information

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

Contact Name: JAMES W SHONDEL

Business Name:

No. and Street: 137 1/2 WASHINGTON AVENUE
SUITE 312

City or Town: BELLEVILLE

State: NJ

Zip: 07109

Country: USA

Contact Phone: 2014638309 ext:

Contact Email: INFO@SHONDEL.COM