



**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
001333341	WHERE DO YOU SUMMER, LLC	Certificate of Good Standing

**Filer's Contact Information**

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

Contact Name: JON MEIKLE

Business Name:

No. and Street: 2020 HURLEY WAY STE 350

City or Town: SACRAMENTO

State: CA

Zip: 95825

Country: USA

Contact Phone: 9165647800 ext:

Contact Email: LATIFAH@CLASINFO.COM