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
001715603	Sun Capsule, LLC	Certificate of Good Standing

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

Contact Name: Deborah Chevie
Business Name: Sun Capsule, LLC
No. and Street: 2 Richmond Square
Suite 200
City or Town: Providence State: RI Zip: 02906 Country: USA
Contact Phone: 5088893522 ext:
Contact Email: debbie@suncapsule.com