



**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
001731589	The Nail Room LLC	Certificate of Good Standing

Filer's Contact Information

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

Contact Name: Brianna anderson

Business Name: The Nail Room LLC

No. and Street: 13 Rosedale Ct

City or Town: Middletown

State: RI

Zip: 02842

Country: USA

Contact Phone: 4016622764 ext:

Contact Email: TheNailRoomLLC21@gmail.com