



**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
000127963	SMILE, LLC	Certificate of Good Standing

**Filer's Contact Information**

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

Contact Name: Nathan Maynard

Business Name: Jardim & Marotta

No. and Street: 128 Union St Suite 201

City or Town: New Bedford

State: MA

Zip: 02740

Country: USA

Contact Phone: 5089975556 ext:

Contact Email: nathan@jm.cpa