



**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
001702744	Atlantic West QOF, LLC	Certificate of Good Standing

Filer's Contact Information

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

Contact Name: Chad St. Onge

Business Name: Atlantic West QOF, llc

No. and Street: 109 Narragansett Ave Unit 596

City or Town: Jamestown

State: RI

Zip: 02835

Country: USA

Contact Phone: 13038957190 ext:

Contact Email: chadstonge@gmail.com