



**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
001734417	PRAXIS MODULAR LLC	Certificate of Good Standing

**Filer's Contact Information**

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

Contact Name: Malina Persaud

Business Name: Praxis Modular LLC

No. and Street: 100 Wall Street  
STE 1601

City or Town: New York

State: NY

Zip: 10005

Country: USA

Contact Phone: 6469300206 ext:

Contact Email: malinapersaud@dmginvestments.com