



**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
001733378	South County Eden Operations LLC	Certificate of Good Standing

**Filer's Contact Information**

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

Contact Name: LISA CREASEY

Business Name: SERVICE PARTNERS INFORMATION CO

No. and Street: 524 S. 2nd Street, Suit 505

City or Town: Springfield

State: IL Zip: 62701 Country: USA

Contact Phone: ext:

Contact Email: lcreasey@spinationwide.com