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
000795798	SUNSHINE VAPE LLC	Certificate of Good Standing

Filer's Contact Information
(Enter a contact name, mailing address and email.)

Contact Name: matthew Tripoli
Business Name:
No. and Street: 35 Audubon Rd
City or Town: North Kingstown State: RI Zip: 02852 Country: USA
Contact Phone: 4016923568 ext:
Contact Email: tripmatt26@gmail.com