



**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
001700074	Veterans for Alternative Medicine LLC	Certificate of Good Standing

Filer's Contact Information

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

Contact Name: Carl W Allison

Business Name:

No. and Street: 17 Faye Lane

City or Town: Mount Pleasant, SC 29464, USA State: SC Zip: 29464 Country: USA

Contact Phone: 13107170131 ext:

Contact Email: callison@sweetspotfarms.com