



**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
001721847	Eyellusion, LLC	Certificate of Good Standing

Filer's Contact Information

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

Contact Name: Ashley Legault

Business Name: Eyellusion, LLC

No. and Street: 29 Waldron Avenue

City or Town: N. Kingstown, RI

State: RI

Zip: 02852

Country: USA

Contact Phone: ext:

Contact Email: Eyellusionri@gmail.com