



**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
001730872	KMW Consulting, LLC	Certificate of Good Standing

Filer's Contact Information

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

Contact Name: Kevin M. Williams

Business Name:

No. and Street: 15 Fall River Avenue

City or Town: Seekonk

State: MA

Zip: 02771

Country: USA

Contact Phone: 4017411841 ext:

Contact Email: kevinwilliams995@gmail.com