



**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
001721985	MPLKS, LLC	Certificate of Good Standing

**Filer's Contact Information**

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

Contact Name: Magloire Pierre Louis

Business Name:

No. and Street: 31 Fulton St

Apt 9

City or Town: Woonsocket

State: RI

Zip: 02895

Country: USA

Contact Phone: 3476578993 ext:

Contact Email: magloire@mplks.com