

## 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
001743438	LSGT SERVICES LLC	Certificate of Good Standing

## **Filer's Contact Information**

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

Contact Name: Kylie Gruppo

 $\label{eq:business Name: LSGT SERVICES LLC} \ \ \text{No. and Street: } \ \underline{3430 \ E \ Russell \ Rd}$ 

<u>#330</u>

City or Town: <u>Las Vegas</u> State:  $\underline{NV}$  Zip:  $\underline{89120}$  Country:  $\underline{USA}$ 

Contact Phone: ext:

 $Contact \ Email: \ \underline{compliance@coinhubatm.com}$ 

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