



**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
001743818	4600 POST RD, LLC	Certificate of Good Standing
001743817	77 ROLFE SQ., LLC	Certificate of Good Standing
001743819	580 PONTIAC AVE, LLC	Certificate of Good Standing
001743824	4177 POST RD, LLC	Certificate of Good Standing
001743825	572 MAIN ST, LLC	Certificate of Good Standing
001743820	418 PONTIAC AVE, LLC	Certificate of Good Standing

**Filer's Contact Information**

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

Contact Name: Michael V Capone

Business Name:

No. and Street: 8520 Bay Hill Blvd.

City or Town: ORLANDO

State: FL

Zip: 32819

Country: USA

Contact Phone: 401-785-1100 ext:

Contact Email: mike@oceanstategroup.com