



**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
001725567	PVD Manager LLC	Certificate of Good Standing

**Filer's Contact Information**

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

Contact Name: michelle cadorette

Business Name: duffy & sweeney, ltd.

No. and Street: 321 south main street, suite 400

City or Town: providence

State: RI

Zip: 02903

Country: USA

Contact Phone: 4014550700 ext: 1805

Contact Email: mcadorette@duffysweeney.com