



**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
000160861	CASSISI GROUP, LLC	Certificate of Good Standing

Filer's Contact Information

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

Contact Name: Amanda Tiernan

Business Name:

No. and Street: 9 Beachside Avenue

City or Town: East Haven

State: CT

Zip: 06512

Country: USA

Contact Phone: 2035302340 ext:

Contact Email: awt123@att.net