



**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
000155503	NORTH SMITHFIELD LASER TAG & ARCADE, LLC	Certificate of Good Standing

Filer's Contact Information

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

Contact Name: Tom Marsella

Business Name:

No. and Street: 450 Providence Pike

City or Town: NORTH SMITHFIELD

State: RI

Zip: 02896

Country: USA

Contact Phone: 4012268555 ext:

Contact Email: tmarsella@wallstreetmortgage.us