



**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
001720523	Equi Evolution LLC	Certificate of Good Standing

**Filer's Contact Information**

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

Contact Name: Samantha Thorpe

Business Name: Equi Evolution LLC

No. and Street: 215 Scott Rd.

City or Town: Cumberland

State: RI

Zip: 02864

Country: USA

Contact Phone: 7742661767 ext:

Contact Email: wellnesswithhorses@gmail.com