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
000798900	Half Full, LLC	Certificate of Good Standing

Filer's Contact Information
(Enter a contact name, mailing address and email.)

Contact Name: Rebecca Twitchell
Business Name: half full, llc
No. and Street: PO Box 6802
City or Town: Providence State: RI Zip: 02940 Country: USA
Contact Phone: 201-334-7134 ext:
Contact Email: rtwitchell@half-full.com