



**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
001755602	On Time Distributions LLC	Certificate of Good Standing

**Filer's Contact Information**

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

Contact Name: Clarence Weekes

Business Name:

No. and Street: 4 Garden St

City or Town: Randolph

State: MA

Zip: 02368

Country: USA

Contact Phone: 6179521499 ext:

Contact Email: clarenceweekes@hotmail.com