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
001686861	L AMOUR BEAUTY SUPPLY INC	Certificate of Good Standing

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

Contact Name: Sagrario Villanueva
Business Name:
No. and Street: 7000 Village Drive Suite 200
City or Town: Buena Park State: CA Zip: 90621 Country: USA
Contact Phone: 5623452100 ext:
Contact Email: akfernandez@riamoneytransfer.com