



**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
001745698	SHLOK SMOKE LLC	Certificate of Good Standing

Filer's Contact Information

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

Contact Name: VISHAL PATEL

Business Name: SHLOK SMOKE LLC

No. and Street: 58 MAIN ROAD

City or Town: TIVERTON

State: RI

Zip: 02878

Country: USA

Contact Phone: 610-606-8880 ext:

Contact Email: RJPTAX@GMAIL.COM