



**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
001757811	Reflection of Heaven LLC	Certificate of Good Standing

Filer's Contact Information

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

Contact Name: Jelani Williams

Business Name: Reflection of Heaven

No. and Street: 42 cross street

City or Town: Westerly

State: RI

Zip: 02891

Country: USA

Contact Phone: 4016966632 ext:

Contact Email: Lmt_jelaniwilliams@yahoo.com