

## 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
000121556	EXPO DEVELOPMENT, LLC	Certificate of Good Standing

## **Filer's Contact Information**

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

Contact Name: Barbara Morin

 ${\tt Business\ Name:} \underline{EXPO\ DEVELOPMENT}$ 

No. and Street: 1135 Charles Street

City or Town: North Providence State: RI Zip: 02904 Country: USA

Contact Phone: <u>401-205-1816</u> ext:

Contact Email: BARBARAM@EXPOREALTYLLC.COM

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