



**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
001722617	RE-VIBE WELLNESS, LLC	Certificate of Good Standing

Filer's Contact Information

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

Contact Name: Jody Lupinacci

Business Name: re-vibe wellness

No. and Street: 56 wells st

City or Town: WESTERLY

State: RI

Zip: 02891

Country: USA

Contact Phone: 4012586934 ext:

Contact Email: revibewellnessjody@gmail.com