

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
001752638	Lombardi Property Management LLC	Certificate of Good Standing

Filer's Contact Information

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

Contact Name: <u>Macalister Slepkow</u>

Business Name: <u>Slepkow, Slepkow & Associates</u>

No. and Street: <u>1481 Wampanoag Trail</u>

City or Town: <u>East Providence</u> State: <u>RI</u> Zip: <u>02915</u> Country: <u>USA</u>

Contact Phone: $\underline{4014371100}$ ext: $\underline{120}$ Contact Email: $\underline{cal@slepkowlaw.com}$

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