

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
000503515	LINDA LEE	Certificate of Status - Non Resident Landlord

Filer's Contact Information

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

Contact Name: <u>Linda Lee</u>

Business Name:

No. and Street: $\underline{75\ OLD\ FARM\ ROAD}$

City or Town: $\underline{\underline{WELLESLEY\,HILL}}$ State: $\underline{M\,A}$ Zip: $\underline{02481}$ Country: \underline{USA}

Contact Phone: <u>7813255572</u> ext:

Contact Email: lindalee104@gmail.com

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