

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
000677612	APPLE NEW ENGLAND LLC	Certificate of Good Standing

Filer's Contact Information

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

Contact Name: Cheryl Rees

 $\hbox{\tt Business Name:} \ \underline{Apple \ New \ England \ LLC}$

No. and Street: <u>6200 Oak Tree Blvd. Suite 250</u>

City or Town: <u>Independence</u> State: <u>OH</u> Zip: <u>44131</u> Country: <u>USA</u>

Contact Phone: ext:

Contact Email: crees@flynnrg.com

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