



**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
000012481	Twelve Twenty-Nine, Inc.	Certificate of Good Standing

Filer's Contact Information

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

Contact Name: Barry Shuster

Business Name:

No. and Street: PO Box 79578/ 1157 Tucker Road

City or Town: Dartmouth

State: MA

Zip: 02747-3124 Country: USA

Contact Phone: ext:

Contact Email: barrys1@comcast.net