

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
001711744	Vision Staffing Solutions LLC	Certificate of Good Standing

Filer's Contact Information

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

Contact Name: ROBERT HASKELL

 ${\tt Business\ Name:} \underline{HM\ INCOME\ TAX\ PREPARATION}$

No. and Street: $\underline{833\ WILLETT\ AVE}$

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

Contact Phone: $\underline{4012286004}$ ext:

Contact Email: INFO@HMTAXRPEP.COM

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