

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
001695838	Twelve Catering, LLC	Certificate of Good Standing

Filer's Contact Information

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

Contact Name: Peter Carvelli

 ${\tt Business\ Name:} \underline{Twelve\ Catering, LLC}$

No. and Street: 315 North Lane

City or Town: <u>Bristol</u> State: <u>RI</u> Zip: <u>02809</u> Country: <u>USA</u>

Contact Phone: <u>4012618173</u> ext:

Contact Email: chefpete@twelveplants.co

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