



**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
000099098	CAMPUS CINEMA, LLC	Certificate of Good Standing

Filer's Contact Information

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

Contact Name: Mark B. Bardorf

Business Name: Bardorf & Bardorf PC

No. and Street: 36 Washington Square

City or Town: Newport

State: RI

Zip: 02840

Country: USA

Contact Phone: 14018458900 ext:

Contact Email: kbllass@bardorf.com