

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
000147437	COMPASS CIRCLE, LLC.	Certificate of Good Standing

Filer's Contact Information

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

Contact Name: Kim Blass

Business Name: $\underline{Bardorf \& Bardorf PC}$ No. and Street: $\underline{36 Washington Square}$

City or Town: Newport State: RI Zip: 02840 Country: USA

Contact Phone: <u>4018458900</u> ext: Contact Email: <u>kblass@bardorf.com</u>

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