



**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
001753212	EXCLUSiVE LLC	Certificate of Good Standing

Filer's Contact Information

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

Contact Name: Carlos Greene

Business Name: EXCLUSiVE LLC

No. and Street: 17 Duke Street

City or Town: East Greenwich

State: RI

Zip: 02818

Country: USA

Contact Phone: 4018671822 ext:

Contact Email: exclusiive1group@gmail.com