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
001772926	Keynes Desir	Certificate of Status - Non Resident Landlord

Filer's Contact Information
(Enter a contact name, mailing address and email.)

Contact Name: Keynes Desir
Business Name:
No. and Street: 62 Wright Street
City or Town: STONEHAM State: MA Zip: 02180 Country: USA
Contact Phone: 8573898126 ext:
Contact Email: desirkeynes@gmail.com