

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
001744822	High Rocks Residential Condominiums Sub-Association Inc	Certificate of Good Standing

Filer's Contact Information

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

Contact Name: FRANK A. LOMBARDI
Business Name: LOMBARDI LAW GROUP

No. and Street: $\underline{14\ BREAKNECK\ HILL\ ROAD,\ SUITE\ 203}$

City or Town: <u>LINCOLN</u> State: <u>RI</u> Zip: <u>02865</u> Country: <u>USA</u>

Contact Phone: <u>4017261010</u> ext: Contact Email: <u>renee@llgri.com</u>

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