



**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
001718246	LOUISA JACOBSON, INC.	Certificate of Good Standing

**Filer's Contact Information**

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

Contact Name: Joey Sze

Business Name: CRM Management

No. and Street: PO Box 778

City or Town: New York

State: NY

Zip: 10013

Country: USA

Contact Phone: 212-485-5407 ext:

Contact Email: joey@crmmmt.com