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:
No. and Street: PO Box 778
City or Town: New York State: NY Zip: 10013 Country: USA
Contact Phone: ext:
Contact Email: joey@crmmgt.com