

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
001745163	TVM Owner, LLC	Certificate of Good Standing

Filer's Contact Information

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

Contact Name: <u>Jennifer Linton</u>

Business Name: $\underline{Dakota\ Partners,\ Inc.}$ No. and Street: $\underline{235\ BEAR\ HILL\ ROAD}$

SUITE 400

City or Town: WALTHAM State: MA Zip: 02451 Country: USA

Contact Phone: 7818994002 ext:

Contact Email: <u>ilinton@dakotapartners.net</u>

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