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
001721802	Facility of Dreams LLC	Certificate of Good Standing

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

Contact Name: Cody Harmon
Business Name:
No. and Street: 201 Solar Street
City or Town: Syracuse State: NY Zip: 13204 Country: USA
Contact Phone: 954-302-0240 ext:
Contact Email: ecammilleri@bhg-inc.com