

## 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
001715392	1 Lee's Wharf LLC	Certificate of Good Standing

## **Filer's Contact Information**

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

Contact Name: <u>LISA VAUDRIN</u>

 ${\tt Business\ Name:} \underline{\tt TEXAS\ GULF\ BANK}$ 

No. and Street: PO BOX 417

City or Town:  $\underline{CLUTE}$  State:  $\underline{TX}$  Zip:  $\underline{77531}$  Country:  $\underline{USA}$ 

Contact Phone: <u>9792587317</u> ext:

Contact Email: lvaudrin@texasgulfbank.com

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