



**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
001774853	a. Pantry LLC	Certificate of Good Standing

**Filer's Contact Information**

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

Contact Name: LAURA A. LASS

Business Name: Brainsky Levinson, LLC

No. and Street: 1543 Fall River Avenue

Suite 1

City or Town: Seekonk

State: MA

Zip: 02771

Country: USA

Contact Phone: 5085571910 ext:

Contact Email: lass@brainskylevinson.com