

## 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
000949020	533 Laurel Hill, LLC	Certificate of Good Standing

## **Filer's Contact Information**

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

Contact Name: <u>JULIO ALCANTARA</u>

Business Name: <u>LT&AP LLC</u>

No. and Street:  $\underline{801\ PARK\ AVE}$ 

City or Town: <u>CRANSTON</u> State: <u>RI</u> Zip: <u>02910</u> Country: <u>USA</u>

Contact Phone: <u>401-781-0381</u> ext:

Contact Email: accounting@latinotaxri.com

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