



**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
001776040	53-55 School Street LLC	Certificate of Good Standing

**Filer's Contact Information**

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

Contact Name: Alex Morris

Business Name:

No. and Street: 745 Rocky Spot Dr

City or Town: Dripping Spring

State: TX

Zip: 78737

Country: USA

Contact Phone: 512-883-2544 ext:

Contact Email: sukumar@housemaxusa.com