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
001676243	239 Legris Avenue Operations, LLC	Certificate of Good Standing - Long Form

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

Contact Name: Nathan Rekant
Business Name:
No. and Street: 207 Rockaway Tpke
City or Town: Lawrence State: NY Zip: 11559 Country: USA
Contact Phone: ext:
Contact Email: nathan@aomservicesllc.com