



**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
001776427	THE FALLS EVENT CENTER, LLC	Certificate of Good Standing

Filer's Contact Information

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

Contact Name: Peter Rosiello

Business Name:

No. and Street: PO Box 69

City or Town: West Warwick

State: RI

Zip: 02893

Country: USA

Contact Phone: ext:

Contact Email: Prosiello@franklinapts.com