



**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
001779506	Valley Falls Entertainment, LLC	Certificate of Good Standing

**Filer's Contact Information**

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

Contact Name: Sami Karraz

Business Name:

No. and Street: PO box 628

City or Town: Albion

State: RI

Zip: 02802

Country: USA

Contact Phone: 4014507254 ext:

Contact Email: karrazs@aol.com