



**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
001779793	Sowa Holistic Therapy & Wellness LLC	Certificate of Good Standing

Filer's Contact Information

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

Contact Name: Lori A Smith

Business Name: Sowa Holistic Therapy & Wellness LLC

No. and Street: 36 Kay St

City or Town: Cumberland

State: RI

Zip: 02864

Country: USA

Contact Phone: 4016175675 ext:

Contact Email: lori@sowaholisticwellness.com