



**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
001779160	CAFE RX LLC	Certificate of Good Standing

Filer's Contact Information

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

Contact Name: peter solomon

Business Name:

No. and Street: 1524 Atwood Ave
ste:114

City or Town: Johnston

State: RI

Zip: 02919

Country: USA

Contact Phone: ext:

Contact Email: peter.solomon.jr@gmail.com