

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
00	01663038	Calaveras IIc	Certificate of Good Standing

Filer's Contact Information

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

Contact Name: <u>Iliyana Borisova</u>

Business Name:

No. and Street: 58 High St

City or Town: South Kingstown State: \underline{RI} Zip: $\underline{02879}$ Country: \underline{USA}

Contact Phone: ext:

Contact Email: calaverasontheblock@gmail.com

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