



**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
001730203	Cove Custom LLC	Certificate of Good Standing

**Filer's Contact Information**

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

Contact Name: Brenda Klein

Business Name:

No. and Street: 4191 2nd St So

City or Town: St Cloud

State: MN

Zip: 56301

Country: USA

Contact Phone: 3202471922 ext:

Contact Email: LaCosta.Miller@stearnsbank.com