

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 |
|-----------|------------------------------------|------------------------------|
| 001710479 | Village Place Studio & Gallery LLC | Certificate of Good Standing |

Filer's Contact Information

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

Contact Name: Sherri Desjardins

 ${\tt Business\ Name:} \underline{{\tt Village\ Place\ Studio\ \&\ Gallery\ LLC}}$

No. and Street: PO Box 192

999 Main St

City or Town: $\underline{02832}$ State: \underline{RI} Zip: $\underline{02832}$ Country: \underline{USA}

Contact Phone: <u>401-354-9676</u> ext:

Contact Email: villageplacestudio@gmail.com

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