

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
000014501	JAKE KAPLAN'S, LTD.	Certificate of Good Standing

Filer's Contact Information

(Enter a contact name, mailing address and email.)
Contact Name: <u>SHEREE KAPLAN-ALLEN</u>

Business Name: $\underline{\text{JAKE KAPLANS LTD.}}$ No. and Street: $\underline{1346 \text{ BALD HILL RD.}}$

City or Town: WARWICK State: RI Zip: 02886 Country: USA

Contact Phone: 4017870234 ext:

Contact Email: SKAPLAN@KAPLANAUTOGROUP.COM

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