

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
001777447	PVD FOOD HOST INC	Certificate of Good Standing

Filer's Contact Information

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

Contact Name: MATEUSZ MILOSEK

Business Name:

No. and Street: $\underline{68\ HOLBROOK\ RD}$

City or Town: OXFORD State: MA Zip: O1540 Country: OXFORD

Contact Phone: ext:

Contact Email: MATT@JUJUBOBA.COM

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