

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
001714126	EMPOWERED FITNESS & WELLNESS LLC	Certificate of Good Standing

Filer's Contact Information

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

Contact Name: ERIN COLE

 ${\tt Business\ Name:} \underline{EMPOWERED\ FITNESS\ \&\ WELLNESS,\ LLC}$

No. and Street: $\underline{519\ PLAIN\ MEETINGHOUSE\ ROAD}$

City or Town: WEST GREENWICH State: RI Zip: 02817 Country: USA

Contact Phone: <u>401-465-9704</u> ext:

Contact Email: <u>ERINTCOLLINS7@GMAIL.COM</u>

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