



**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
001467167	970 DOUGLAS PIKE, LLC	Certificate of Good Standing

Filer's Contact Information

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

Contact Name: CT CORPORATION SYSTEM

Business Name:

No. and Street: 2929 ALLEN PARKWAY, SUITE 3300

City or Town: HOUSTON

State: TX

Zip: 77019

Country: USA

Contact Phone: 8008335778 ext:

Contact Email: rachel.sims@wolterskluwer.com