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
000119881	EYEMED VISION CARE LLC	Certificate of Good Standing

Filer's Contact Information
(Enter a contact name, mailing address and email.)

Contact Name: SABRINA TILLAPAUGH
Business Name:
No. and Street: 908 Pompton Avenue
A2
City or Town: CEDAR GROVE State: NJ Zip: 07009 Country: USA
Contact Phone: ext:
Contact Email: JCASWELL@CCSLEGAL.COM