

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
000819449	AGreenOZZI, LLC	Certificate of Good Standing

Filer's Contact Information

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

Contact Name: Marcus Howell

 $\label{eq:business Name: McLaughlinQuinn LLC} \\ \text{No. and Street: } \underline{148 \text{ West River Street}}$

Suite 1E

City or Town: Providence State: RI Zip: 02904 Country: USA

Contact Phone: <u>4014215115</u> ext: <u>230</u>

Contact Email: mhowell@mclaughlinquinn.com

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