



**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
000794625	FIRST MENDON LLC	Certificate of Good Standing

Filer's Contact Information

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

Contact Name: chris mannix

Business Name:

No. and Street: 5301 southwest pkwy
suite 400

City or Town: austin State: TX Zip: 78735 Country: USA

Contact Phone: 8887167274 ext:

Contact Email: cmannix@rasi.com