

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
001697565	GRMS LLC	Certificate of Good Standing

Filer's Contact Information

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

Contact Name: MAX SIMONE
Business Name: GRMS LLC

No. and Street: $\underline{19\ SUNNYSIDE\ DRIVE}$

City or Town: WESTERLY State: RI Zip: 02891 Country: USA

Contact Phone: <u>4013186309</u> ext:

Contact Email: MAXIMUSD40@GMAIL.COM

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