

## 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
001703085	Scurvio Management and Marketing LLC	Certificate of Good Standing

## **Filer's Contact Information**

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

Contact Name: <u>Jamaal</u>
Business Name: <u>Houston</u>

No. and Street: 21050 Kittridge Street

<u>APT 722</u>

City or Town:  $\underline{Canoga\ Park}$  State:  $\underline{CA}$  Zip:  $\underline{91303}$  Country:  $\underline{USA}$ 

Contact Phone: 6175137229 ext:

Contact Email: Jamaal.houston@snhu.edu

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