



**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
001787512	MAY Yoga, LLC	Certificate of Good Standing

**Filer's Contact Information**

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

Contact Name: Juan rodriguez

Business Name:

No. and Street: 7224 w 4th avenue apt 105

City or Town: Hialeah

State: FL

Zip: 33014

Country: USA

Contact Phone: 7866617021 ext:

Contact Email: service@universalbusinessfiling.com