



**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
001727396	83 Corona Street Eden Operations LLC	Certificate of Good Standing

Filer's Contact Information

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

Contact Name: Nathan Rekant

Business Name:

No. and Street: 207 Rockaway Tpke

City or Town: Lawrence

State: NY

Zip: 11559

Country: USA

Contact Phone: 5162953294 ext:

Contact Email: info@aomservicesllc.com