

## 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
001670605	SHM Sakonnet, LLC	Certificate of Good Standing

## **Filer's Contact Information**

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

Contact Name: <u>STEVEN FRIEDMAN</u>

 $\textbf{Business Name:} \\ \underline{\overset{-}{PLATINUM}} \\ \underline{FILINGS} \\ \underline{LLC}$ 

No. and Street: 3023 Avenue J

City or Town: <u>Brooklyn</u> State: <u>RI</u> Zip: <u>11210</u> Country: <u>USA</u>

Contact Phone: <u>7187059886</u> ext:

Contact Email: <a href="mailto:pfsearch@platinumfilings.com">pfsearch@platinumfilings.com</a>

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