



**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
001670608	SHM Cowesett, LLC	Certificate of Good Standing

Filer's Contact Information

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

Contact Name: Steven Friedman

Business Name:

No. and Street: 99 West Hawthorne Ave.

Suite 408

City or Town: Valley Stream

State: NY

Zip: 11580

Country: USA

Contact Phone: 7187059886 ext:

Contact Email: dianne.n@platinumfilings.com