

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
001758774	RETIRE WITH JOE, LLC	Certificate of Good Standing

Filer's Contact Information

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

Contact Name: Joseph Pate

Business Name: $\underline{Retire\ With\ Joe\ LLC}$

No. and Street: 46 Albion Rd

City or Town: Lincoln State: RI Zip: 02865 Country: USA

Contact Phone: <u>8886763633</u> ext:

Contact Email: joseph@retirewithjoe.com

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