

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
001788455	Colossal Waffle LLC	Certificate of Good Standing

Filer's Contact Information

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

Contact Name: Bethany Delon

Business Name:

No. and Street: 82 Pleasant St.

Apt 2

City or Town: $\underline{Westerly}$ State: \underline{RI} Zip: $\underline{02891}$ Country: \underline{USA}

Contact Phone: 4014060904 ext:

Contact Email: Colossalwaffle401@gmail.com

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