



**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
001070259	SMILERS DAY SPA LLC	Certificate of Status - Revoked

**Filer's Contact Information**

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

Contact Name: Monica Chow

Business Name:

No. and Street: 1185 N Main St

City or Town: Providence

State: RI

Zip: 02904

Country: USA

Contact Phone: ext:

Contact Email: monica.c88@icloud.com