

## 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
001788144	Little Mars LLC	Certificate of Good Standing

## **Filer's Contact Information**

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

Contact Name: Maelyn Ramaglia

Business Name:

No. and Street: 9 S Grove Ave

City or Town:  $\underline{\text{Warren}}$  State:  $\underline{\text{RI}}$  Zip:  $\underline{02885}$  Country:  $\underline{\text{USA}}$ 

Contact Phone: ext:

Contact Email: <u>maelynramaglia@yahoo.com</u>

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