

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
001708464	BT2 Owner, LLC	Certificate of Good Standing

Filer's Contact Information

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

Contact Name: <u>LATIFAH ABEYTA</u>

Business Name:

No. and Street: $\underline{1545\ RIVER\ PARK\ DR\ STE\ 330}$

City or Town: Sacramento State: CA Zip: 95815 Country: USA

Contact Phone: ext:

Contact Email: LATIFAH@CLASINFO.COM

© 2007 - 2025 State of Rhode Island All Rights Reserved