

## 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
001766529	Warwick Quaker LLC	Certificate of Good Standing

## **Filer's Contact Information**

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

Contact Name: Kim Sullivan

 $\hbox{\tt Business Name:} \underline{Northwest\ Registered\ Agent\ LLC}$ 

No. and Street: <u>784 S. Clearwater Loop</u>

City or Town: Post Falls State: ID Zip: 83854 Country: USA

Contact Phone: <u>5097682249</u> ext:

Contact Email: eastern@northwestregisteredagent.com

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