



**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
001769123	Tell-Tale LLC	Certificate of Good Standing

Filer's Contact Information

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

Contact Name: KISHORE KUMAR

Business Name: Deephaven

No. and Street: 3530 TORINGDON WAY STE 300

City or Town: CHARLOTTE

State: NC

Zip: 28277

Country: USA

Contact Phone: 9199716093 ext:

Contact Email: COGS@deephavenmortgage.com