

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
Г	001792859	Forensic Evidence LLC	Certificate of Good Standing

Filer's Contact Information

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

Contact Name: <u>Lewis Gordon</u>
Business Name: <u>Lewis Gordon</u>
No. and Street: <u>210 Old Mill Rd</u>

City or Town: $\underline{CHARLESTOWN}$ State: \underline{RI} Zip: $\underline{02813}$ Country: \underline{USA}

Contact Phone: ext:

Contact Email: forensiclg@gmail.com

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