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
001790157	Mouselife Magic LLC	Certificate of Good Standing

Filer's Contact Information
(Enter a contact name, mailing address and email.)

Contact Name: Jacquie Jackson
Business Name:
No. and Street: 48 Howard Ave
City or Town: Hope State: RI Zip: 02831 Country: USA
Contact Phone: 3528757664 ext:
Contact Email: jacquiejackson@mac.com