



**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
001794426	Carry With Care LLC	Certificate of Good Standing

Filer's Contact Information

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

Contact Name: Mark Evans Holloway Jr.

Business Name: Carry With Care LLC

No. and Street: 27 Sharon Parkway

City or Town: North Smithfield

State: RI

Zip: 02986

Country: USA

Contact Phone: 401-492-3472 ext:

Contact Email: Mark.Evans.Holloway.Jr@gmail.com