

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
001696389	JTC Trust	Certificate of Status - Non Resident Landlord

Filer's Contact Information

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

Contact Name: <u>Tara Maureen Conway</u>
Business Name: <u>Tara and Jim Conway</u>
No. and Street: <u>2828 Hood St 605</u>

Apt 605

City or Town: \underline{Dallas} State: \underline{TX} Zip: $\underline{75219}$ Country: \underline{USA}

Contact Phone: <u>2142137905</u> ext: Contact Email: <u>tarajjk@hotmail.com</u>

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