

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
000792408	99 WEST, LLC	Certificate of Good Standing

Filer's Contact Information

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

Contact Name: <u>Katelyn Nickerson</u>
Business Name: <u>99 West, LLC</u>

No. and Street: 500 Interstate Blvd S

<u>Suite 400</u>

City or Town: Nashville State: \underline{TN} Zip: $\underline{37210}$ Country: \underline{USA}

Contact Phone: <u>6152568500</u> ext: <u>6892</u>

Contact Email: taxes@restgrowthservices.com

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