

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
001770612	Bend and Brew, LLC	Certificate of Good Standing

Filer's Contact Information

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

Contact Name: Caroline Keene

Business Name: $\underline{\text{Bend and Brew LLC}}$ No. and Street: $\underline{5153 \text{ Old Post Road}}$

City or Town: Charlstown State: RI Zip: 02813 Country: USA

Contact Phone: ext:

Contact Email: caroline@bendstudiori.com

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