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
001795953	SEASONAIRE Mechanical LLC	Certificate of Good Standing

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

Contact Name: Devon Goncalves
Business Name: Seasonaire
No. and Street: 700 naragansett Park DR
suite 100
City or Town: pawtucket State: RI Zip: 02861 Country: USA
Contact Phone: 4016636422 ext:
Contact Email: dgoncalves1234@yahoo.com