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
001723446	VOTAB LLC	Certificate of Good Standing

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

Contact Name: OLUSEGUN M AWOLEYE
Business Name: VOTAB LLC
No. and Street: 36 Jane Street
City or Town: North Providence State: RI Zip: 02904 Country: USA
Contact Phone: 4015163481 ext:
Contact Email: votab521@gmail.com