



State of Rhode Island and Providence Plantations
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 *(Entity Name is only required for a Certificate of Non-Existence)*

ID	ENTITY NAME	CERTIFICATE TYPE
000001534	Astro-Med, Inc.	Letter of Status / Legal Existence

Total Fee: \$22.00

Filer's Contact Information

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

Contact Name: CATHY BARLOW

Business Name: ASTRO-MED, INC.

No. and Street: 600 EAST GREENWICH AVENUE

City or Town: WEST WARWICK

State: RI

Zip: 02893

Country: US

Contact Phone: 401-828-4000 ext:

Contact Email: CBARLOW@ASTROMED.COM

Please provide an email address to receive an expedited response from us if the filing is rejected for any reason. If no email address is provided, we will respond by mail.