RALPH MOIL	State of Rhode Island and Providence Plantations Office of the Secretary of State		
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 TYP	ÞE
000083473	INVESTCO CORP.	Good Standing Certifica	ate
Filer's Contact Informa (Enter a contact name, n Contact Name: TRACY	nailing address and email.)		
Business Name: KEYST			
No. and Street: 1004 BOSTON NECK ROAD			
<u>STE. 6</u>			
	AGANSETT	State: <u>RI</u> Zip: <u>02882</u>	Country: <u>USA</u>
Contact Phone: <u>789-1684</u> ext: Contact Email: TRACY.KEYSTONEREALTY@GMAILCOM			
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.			
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