



**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
000088636	STV INCORPORATED	Good Standing Certificate

**Total Fee: \$22.00**

**Filer's Contact Information**

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

Contact Name: WILLIAM MCALLISTER

Business Name: STV INCORPORATED

No. and Street: 225 PARK AVENUE SOUTH

City or Town: NEW YORK

State: NY Zip: 10003

Country: USA

Contact Phone: (212) 614-3305 ext:

Contact Email: WILLIAM.MCALLISTER@STVINC.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.**