| Certificate Request Fo | 148 W. River Providence RI 02 | Street 904-2615 | |
|---|--|------------------------------------|--------------------|
| Cortificato Poquest E | Division Of Business Services 148 W. River Street Providence RI 02904-2615 (401) 222-3040 | | |
| Certificate Request Fo | orm | | |
| Request Information (En | tity Name is only required for a Ce | rtificate of Non-Existence) | |
| ID | ENTITY NAME | CERTIFICATE | TYPE |
| 000130620 | MILLER GYMNASTICS, INC. | Good Standing Ce | rtificate |
| Filer's Contact Informatic (Enter a contact name, mail Contact Name: ANTHON | iling address and email.) | | |
| | SON & ASSOCIATES LLC | | |
| | <u>SON & ASSOCIATES LEC</u> RGE WASHINGTON HIGHW | ΔV | |
| City or Town: <u>SMITHFI</u> Contact Phone: <u>40145350</u> Contact Email: ANTHON | <u>ELD</u>) <u>55</u> ext: | State: <u>RI</u> Zip: <u>02917</u> | Country: <u>US</u> |
| | address to receive an expedite | d 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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