



**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
001661008	Sunstall Inc	Good Standing Certificate

**Total Fee: \$22.00**

**Filer's Contact Information**

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

Contact Name: SABINE SCHRAMM

Business Name: SUNSTALL

No. and Street: 384 BEL MARIN KEYS BLVD, STE 230

City or Town: NOVATO State: CA Zip: 94949-5367 Country: US

Contact Phone: 4157070305 ext:

Contact Email: S.SCHRAMM@SUNSTALL.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.**