# 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 |
|---|---|---|
| 000158225 | SYSCONS CORPORATION | Good Standing Certificate |

**Total Fee: $22.00**

**Filer's Contact Information**
*(Enter a contact name, mailing address and email.)*

Contact Name: SATYAPRASAD DEVALLA
Business Name: SYSCONS CORPORATION
No. and Street: 959 MINERAL SPRING AVE
SUITE 4
City or Town: NORTH PROVIDENCE State: RI Zip: 02904 Country: US
Contact Phone: 4013699381 ext:
Contact Email: SATYA@SYSCONSCORP.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.**