	State of Rhode Island and Providence Plantations Office of the Secretary of State			
HOPE	Division Of Busine 148 W. River Providence RI 02 (401) 222-3	Street 004-2615		
Certificate Request	Form			
Request Information (E	Entity Name is only required for a Ce	rtificate of Non-	Existence)	
ID	ENTITY NAME	CI	CERTIFICATE TYPE	
000794913	CRAWFORD COMPOSITES, LLC	Go	Good Standing Certificate	
Filer's Contact Informat	ion			
	nailing address and email.)			
	EL W. JOUKOWSKY			
Business Name: CRAW	FORD COMPOSITES, LLC			
No. and Street: 99 POW				
City or Town: <u>PROVI</u>	DENCE	State: <u>RI</u>	Zip: <u>02906</u>	Country: US
Contact Phone: <u>4012748560</u> ext:				
Contact Email: <u>MADELEINE.TELFEYAN@GANESA.NET</u>				
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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