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

ID	ENTITY NAME	CERTIFICATE TYPE
001662937	Off Islander Inc.	Certificate of Good Standing

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

Contact Name: Michelle Jarve
Business Name:
No. and Street: 4191 2nd St S
City or Town: St. Cloud State: MN Zip: 56301 Country: USA
Contact Phone: ext:
Contact Email: Michelleja@stearnsbank.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.