



**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
000074067	COMPOSITES ONE LLC.	Certificate of Good Standing

**Filer's Contact Information**

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

Contact Name: JON RICE

Business Name: COGENCY GLOBAL INC.

No. and Street: 600 SOUTH 2ND STREET  
SUITE 404

City or Town: SPRINGFIELD

State: IL

Zip: 62704

Country: USA

Contact Phone: 888-883-6300 ext:

Contact Email: JRICE@COGENCYGLOBAL.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.**