



**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
000121353	Shur-Az, Inc.	Certificate of Good Standing

**Filer's Contact Information**

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

Contact Name: Thomas Kennedy

Business Name: Shur-Az Inc

No. and Street: 871 High St

City or Town: Central Falls

State: RI

Zip: 02863

Country: USA

Contact Phone: 4017230116 ext:

Contact Email: tkennedy@shuraz.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.**