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
001657863	SOUTH COUNTY SHRINKWRAP LLC	Certificate of Good Standing

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

Contact Name: Matthew Maruska
Business Name: South County Shrinkwrap
No. and Street: 38 Crestwood Dr
City or Town: Narragansett State: RI Zip: 02882 Country: USA
Contact Phone: 4017427247 ext:
Contact Email: mattm78@gmail.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.