

## 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
000869941	WGM FABRICATORS, LLC	Certificate of Good Standing - Long Form

## **Filer's Contact Information**

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

Contact Name: SCOTT KOS

Business Name: REGISTERED AGENT SOLUTIONS, INC.

No. and Street: 1701 DIRECTORS BLVD.

**SUITE 300** 

City or Town:  $\underline{AUSTIN}$  State:  $\underline{TX}$  Zip:  $\underline{78744}$  Country:  $\underline{USA}$ 

Contact Phone:  $\underline{8887057274}$  ext: Contact Email:  $\underline{SKos@rasi.com}$ 

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.

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