

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
001671121	American Muscle Corp LLC	Certificate of Good Standing

Filer's Contact Information

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

Contact Name: Gail Bolden

Business Name: <u>American Muscle Corps</u>
No. and Street: <u>725 BRANCH AVE</u>

Unit 132

City or Town: PROVIDENCE State: RI Zip: 02904 Country: USA

Contact Phone: $\underline{4012730900}$ ext:

Contact Email: info@americanmusclecorps.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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