

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
000941699	NVTS Night Vision Technology Solutions LLC	Certificate of Good Standing

Filer's Contact Information

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

Contact Name: Karen Boyd

Business Name: Simmons Associates, Ltd.

No. and Street: 56 Pine Street

City or Town: Providence State: RI Zip: 02903 Country: USA

 $\begin{array}{ll} \mbox{Contact Phone:} & \underline{401\text{-}272\text{-}5800} \ \mbox{ext:} \\ \mbox{Contact Email:} & \underline{kboyd@simmonsltd.com} \end{array}$

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