

State of Rhode Island 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
000978768	COMSTAR, LLC	Certificate of Good Standing

Filer's Contact Information

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

Contact Name: <u>Richard Martin</u> Business Name: <u>Comstar LLC</u>,

No. and Street: 8 TURCOTTE MEMORIAL DRIVE

City or Town: \underline{ROWLEY} State: \underline{MA} Zip: $\underline{01923}$ Country: \underline{USA}

Contact Phone: <u>9787716482</u> ext:

Contact Email: rick.martin@comstarbilling.com

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