

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
000162829	FULL CIRCLE RECYCLING, LLC	Certificate of Good Standing

Filer's Contact Information

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

Contact Name: BSG SHUST

Business Name: <u>barry shuster group llc</u>

No. and Street: po box 79578

City or Town: <u>dartmouth</u> State: <u>RI</u> Zip: <u>02747</u> Country: <u>USA</u>

 $\begin{array}{lll} \mbox{Contact Phone:} & \underline{15085580440} \ \mbox{ ext:} \\ \mbox{Contact Email:} & \underline{ucclien@rcn.com} \end{array}$

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