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
001660617	Infewsion, LLC	Certificate of Good Standing

Filer's Contact Information
(Enter a contact name, mailing address and email.)

Contact Name: RUSSELL WILLIAMS
Business Name: R. WILLIAMS, P.C.
No. and Street: 333 EAST 46TH STREET
1D
City or Town: NEW YORK State: NY Zip: 10004 Country: USA
Contact Phone: 3476918193 ext:
Contact Email: russellwilliamsny@gmail.com