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
001724679	COMPLETE REGLAZING LLC	Certificate of Good Standing

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

Contact Name: LOVETTE DOBSON
Business Name: Incfile.com LLC
No. and Street: 17350 State Highway 249, Sui Suite 220
City or Town: HOUSTON State: TX Zip: 77064 Country: USA
Contact Phone: ext:
Contact Email: EFILE1234@INCFILE.COM