

## 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
001726466	SYTHA & SAM COURIER EXPRESS L.L.C.	Certificate of Good Standing

## **Filer's Contact Information**

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

Contact Name: <u>LOVETTE DOBSON</u>

Business Name:

No. and Street: 17350 STATE HWY 249

SUITE 220

City or Town:  $\underline{HOUSTON}$  State:  $\underline{TX}$  Zip:  $\underline{77064}$  Country:  $\underline{USA}$ 

Contact Phone: <u>8884623453</u> ext:

Contact Email: EFILE1234@INCFILE.COM

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