

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
001339388	SOLAR ROOF SYSTEMS LLC	Certificate of Good Standing

Filer's Contact Information

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

Contact Name: Kerri Craig

Business Name: Solar Roof Systems LLC

No. and Street: 9 Ferry Rd

City or Town: <u>Lewiston</u> State: <u>ME</u> Zip: <u>04240-1005</u> Country: <u>USA</u>

 $\begin{array}{lll} \mbox{Contact Phone:} & \underline{2077544418} \ \mbox{ ext:} \\ \mbox{Contact Email:} & \underline{kcrg9597@gmail.com} \end{array}$

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