



**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
001727015	CampxITSolutions, LLC	Certificate of Good Standing

**Filer's Contact Information**

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

Contact Name: Jose M Campos

Business Name: CampxITSolutions

No. and Street: 36 Orchard Street

City or Town: Cranston

State: RI

Zip: 02910

Country: USA

Contact Phone: ext:

Contact Email: jmcampos1@Live.com