

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
001673986	Aquarium Life LLC	Certificate of Good Standing

Filer's Contact Information

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

Contact Name: <u>BETH HART</u> Business Name: <u>METASOURCE</u>

No. and Street: 67 W 13490 S STE 300

City or Town: <u>DRAPER</u> State: <u>UT</u> Zip: <u>84020</u> Country: <u>USA</u>

Contact Phone: ext:

Contact Email: <u>TRJENKINS@METASOURCE.COM</u>

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