



**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
000543574	PULSE NEWPORT, LLC	Certificate of Good Standing

**Filer's Contact Information**

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

Contact Name: BETH HART

Business Name:

No. and Street: 67 W 13490 S Ste. 300

City or Town: DRAPER

State: UT

Zip: 84020

Country: USA

Contact Phone: ext:

Contact Email: bkrogstad@metasource.com