



**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
000110166	Beta Group, Inc.	Certificate of Good Standing

Filer's Contact Information

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

Contact Name: Cheryl Souza

Business Name:

No. and Street: PO Box 9

City or Town: Albion

State: RI

Zip: 02802

Country: USA

Contact Phone: 401-333-2382 ext:

Contact Email: csouza@beta-inc.com