

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
001701377	DRYWALL & FRAMING PROFESSIONALS INC	Certificate of Good Standing

Filer's Contact Information

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

Contact Name: Frank Warren

 $\label{eq:Business Name: Registered Agent Solutions, Inc.} \\ \text{No. and Street: } \underline{5301 \ SOUTHWEST \ PARKWAY} \\$

STE 400

City or Town: \underline{AUSTIN} State: \underline{TX} Zip: $\underline{78735}$ Country: \underline{USA}

Contact Phone: <u>8887057274</u> ext:

Contact Email: FWARREN@RASI.COM

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