



**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
001660617	Infewsion, LLC	Certificate of Good Standing

**Filer's Contact Information**

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

Contact Name: Sean Peris

Business Name: InFEWsion, LLC

No. and Street: 18 Maple Ave, Suite 240

City or Town: Barrington

State: RI

Zip: 02806

Country: USA

Contact Phone: 7322660905 ext:

Contact Email: speris@infewsion.com