

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
001688899	STERALOIDS INC.	Certificate of Good Standing

Filer's Contact Information

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

Contact Name: <u>trevor arends</u>
Business Name: <u>Steraloids inc</u>
No. and Street: <u>P.O. Box 689</u>

City or Town: Newport State: RI Zip: 02840 Country: USA

Contact Phone: $\underline{4018485422}$ ext: Contact Email: $\underline{Sales@steraloids.com}$

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