

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
001698401	Trilogy Maritime, LLC	Certificate of Good Standing

Filer's Contact Information

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

Contact Name: Christopher McNally

 $\label{eq:sayer_Regan & Thayer LLP} \\ \text{No. and Street: } \underline{Sayer \, Regan \, \& \, Thayer, LLP}$

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