

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
000085403	D.V.M. Foods, Inc.	Certificate of Good Standing

Filer's Contact Information

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

Contact Name: <u>AMOUNT</u>
Business Name: <u>AMOUNT</u>

No. and Street: 11501 Sunset Hills Road

<u>Suite 400</u>

City or Town: Reston State: \underline{VA} Zip: $\underline{20190}$ Country: \underline{USA}

Contact Phone: <u>8102924245</u> ext:

Contact Email: $\underline{BERA@FUNDATION.COM}$

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