



**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
000108098	Immunex Rhode Island Corporation	Certificate of Good Standing

**Filer's Contact Information**

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

Contact Name: Stephanie Costa

Business Name: Amgen Inc.

No. and Street: 2202 N. Westshore Blvd.  
650

City or Town: Tampa

State: FL

Zip: 33607

Country: USA

Contact Phone: 8133923110 ext:

Contact Email: scosta02@amgen.com