

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
001757214	True Cable Holdings, LLC	Certificate of Good Standing

Filer's Contact Information

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

Contact Name: Kim Davis

Business Name: $\underline{\text{truecable holdings}}$ No. and Street: $\underline{\text{PO Box 2358}}$

City or Town: Georgetown State: TX Zip: 78627 Country: USA

Contact Phone: ext:

Contact Email: kdavis@truecable.com

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