

## 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
000141153	Granite City Electric Supply Co.	Certificate of Good Standing

## **Filer's Contact Information**

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

Contact Name: Chris Mayers

 ${\tt Business\ Name:} \underline{COGENCY\ GLOBAL\ INC.}$ 

No. and Street:  $\underline{45\ SCHOOL\ STREET}$ 

**SUITE 202** 

City or Town: <u>BOSTON</u> State: <u>M A</u> Zip: <u>02108</u> Country: <u>USA</u>

Contact Phone: ext:

 ${\tt Contact\ Email:}\ \underline{CMAYERS@COGENCYGLOBAL.COM}$ 

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