

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	Y NAME CERTIFICATE TYPE
00173835	7 National Video Mo	onitoring CO, LLC Certificate of Good Standing

Filer's Contact Information

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

Contact Name: <u>Tina Lipko</u>

Business Name: $\underline{NRAI\ Services}, \underline{LLC}$

No. and Street: $\underline{160 \text{ Greentree Dr Ste } 101}$

City or Town: <u>Dover</u> State: <u>DE</u> Zip: <u>19904</u> Country: <u>USA</u>

Contact Phone: <u>3026744089</u> ext:

Contact Email: tlipko@nraiservices.com

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