



**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
001698885	3 Phase Elevator Corp	Certificate of Good Standing

Filer's Contact Information

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

Contact Name: Jon Sullivan

Business Name: 3Phase Elevator

No. and Street: 60 Shawmut Road, Suite 1

City or Town: Canton

State: MA

Zip: 02021

Country: USA

Contact Phone: 5083657807 ext:

Contact Email: jsullivan@3phaseelevator.com