

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
001677959	CNI THL OPS, LLC	Certificate of Good Standing

Filer's Contact Information

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

Contact Name: RODNEY WALLER

Business Name: $\underline{COGENCY\ GLOBAL\ INC.}$ No. and Street: $\underline{1601\ Elm\ St,\ Suite\ 4360}$

City or Town: <u>Dallas</u> State: <u>TX</u> Zip: <u>75201</u> Country: <u>USA</u>

Contact Phone: ext:

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