

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
Γ	000113295	VAN DYK BALER CORP.	Certificate of Good Standing

Filer's Contact Information

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

Contact Name: <u>SHIVANI SHROTRIYA</u>
Business Name: <u>VAN DYK BALER CORP</u>

No. and Street: $\underline{360\ DR\ MARTIN\ LUTHER\ KING\ JR\ DRIVE}$

City or Town: NORWALK State: CTZip: 06854Country: USA

Contact Phone: 2039671100 ext:

Contact Email: SSHROTRIYA@VDRS.COM

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