

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	001701588	Customized Service Concepts, LLC	Certificate of Good Standing

Filer's Contact Information

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

Contact Name: Kim Fortin

 ${\tt Business\ Name:} \underline{Customized\ Service\ Concepts,\ LLC}$

No. and Street: 18 Cote Ave

Suite 13

City or Town: $\underline{Goffstown}$ State: \underline{NH} Zip: $\underline{03045}$ Country: \underline{USA}

Contact Phone: 6033843598 ext:

Contact Email: accounting@cscatm.com

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