

## 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             |
|-----------|----------------------------------|------------------------------|
| 001727365 | Facility Technical Services, LLC | Certificate of Good Standing |

## **Filer's Contact Information**

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

Contact Name: William Sleboda

Business Name:

No. and Street: 1421 Douglas Pike

Unit P

City or Town: North Providence State:  $\underline{RI}$  Zip:  $\underline{02904}$  Country:  $\underline{USA}$ 

Contact Phone: ext:

Contact Email: bill.sleboda@sig-c.com

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