

## 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	EN	ITITY NAME	CERTIFICATE TYPE
000080	0201 MIDLAND	TRANSMISSION, INC.	Certificate of Good Standing

## **Filer's Contact Information**

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

Contact Name: Ann Marie Lussier

 $\textbf{Business Name:} \underline{\underline{Midland\ Transmission,\ Inc.}}$ 

No. and Street: 439 Washington Street

City or Town: <u>COVENTRY</u> State: <u>RI</u> Zip: <u>02816</u> Country: <u>USA</u>

Contact Phone: <u>4018287092</u> ext:

Contact Email: midland439@gmail.com

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