

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
000087964	WEEKS MARINE INC.	Certificate of Good Standing

Filer's Contact Information

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

Contact Name: Karissa Lowry

 ${\tt Business\ Name:} \underline{Corporation\ Service\ Company}$

No. and Street: <u>251 Little Falls Drive</u>

City or Town: Wilmington State: <u>DE</u> Zip: <u>19808</u> Country: <u>USA</u>

Contact Phone: 8009279800 ext:

Contact Email: Fulfillment_Notifications@cscinfo.com

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