

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
001727015	CampxlTsolutions, LLC	Certificate of Good Standing

Filer's Contact Information

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

Contact Name: Jim Ryan

Business Name:

No. and Street: 11501 Sunset Hills RD

Ste 400

City or Town: Reston State: \underline{VA} Zip: $\underline{20190}$ Country: \underline{USA}

Contact Phone: ext:

Contact Email: bera@fundation.com

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