

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
001766743	Systems & Methods, Inc.	Certificate of Good Standing

Filer's Contact Information

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

Contact Name: Ashley Allen

Business Name: <u>Systems & Methods, Inc.</u>

No. and Street: $\underline{106\ Wedgewood\ Dr}$

City or Town: <u>Carrollton</u> State: <u>GA</u> Zip: <u>30117</u> Country: <u>USA</u>

Contact Phone: ext:

Contact Email: accounting@smimail.net

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