

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
001765234	SHAHANI, INC.	Certificate of Good Standing

Filer's Contact Information

(Enter a contact name, mailing address and email.)
Contact Name: MOHAMMD SHAHID KHAN

Business Name: $\underline{SHAHANI\ INC}$ No. and Street: $\underline{10\ lantern\ hill\ lane}$

City or Town: Guilford State: CT Zip: 06437 Country: USA

Contact Phone: <u>203-627-0028</u> ext:

Contact Email: mohammad@shahaniinc.com

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