



**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
000009019	McLaughlin & Moran, Inc.	Certificate of Good Standing

Filer's Contact Information

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

Contact Name: ACCOUNT PAYABLE

Business Name: META SOURCE

No. and Street: 67 W 134900 S STE 300

City or Town: DRAPER

State: UT

Zip: 84020

Country: USA

Contact Phone: 8019051529 ext:

Contact Email: Trjenkins@metasource.com