

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
001700788	FMR Rhode Island LLC	Certificate of Good Standing

Filer's Contact Information

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

Contact Name: Chris Mayers

 ${\tt Business\ Name:} \underline{COGENCY\ GLOBAL\ INC.}$

No. and Street: $\underline{45\ SCHOOL\ STREET}$

SUITE 202

City or Town: <u>BOSTON</u> State: <u>M A</u> Zip: <u>02108</u> Country: <u>USA</u>

Contact Phone: ext:

 ${\tt Contact\ Email:}\ \underline{CMAYERS@COGENCYGLOBAL.COM}$

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