



**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
001713635	Alexson, LLC	Certificate of Good Standing

Filer's Contact Information

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

Contact Name: SANDRA SANGERMANO

Business Name: Alexson LLC

No. and Street: 18501 Collins Ave
apt 4504

City or Town: SUNNY ISLES BEACH

State: FL

Zip: 33160

Country: USA

Contact Phone: 4014776448 ext:

Contact Email: sandi@superchargednj.com