



**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
000157903	M-1 CORPORATION	Certificate of Good Standing

Filer's Contact Information

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

Contact Name: Michele ramos

Business Name:

No. and Street: 900 south avenue suite 200

City or Town: staten island

State: NY

Zip: 10314

Country: USA

Contact Phone: 3475282483 ext:

Contact Email: mramos@metroonelpsg.com