

## 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
001747929	Warren Electric Heating Technologies LLC	Certificate of Good Standing

## **Filer's Contact Information**

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

Contact Name: Michael Mattox

 ${\tt Business\ Name:} \ \underline{{\tt Warren\ Electric\ Heater\ Technologies}}$ 

No. and Street: 36 Franklin Street

City or Town:  $\underline{\text{Warren}}$  State:  $\underline{\text{RI}}$  Zip:  $\underline{02885}$  Country:  $\underline{\text{USA}}$ 

Contact Phone: <u>4012453700</u> ext:

Contact Email: michael@warrene.com

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