

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
001743398	NVTS Night Vision Technology Solutions, Inc.	Certificate of Good Standing

Filer's Contact Information

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

Contact Name: Joseph P. Janson

Business Name:

No. and Street: $\underline{113 \ Ocean \ State \ Drive \ Unit \ D}$

City or Town: North Kingstown State: RI Zip: 02852 Country: USA

Contact Phone: ext:

Contact Email: joe@nvtsglobal.com

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