



**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
001745266	Shadowz Performance Products LLC	Certificate of Good Standing

**Filer's Contact Information**

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

Contact Name: Michael Bronson

Business Name: Shadowz Performance Products

No. and Street: 7 Punchbowl Trail

City or Town: West Kingston

State: RI

Zip: 02892

Country: USA

Contact Phone: 4014774928 ext:

Contact Email: michael.bronson@mbfpllc.com