

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
Г	000485515	MIKEL, Inc.	Certificate of Good Standing

Filer's Contact Information

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

Contact Name: Mark Biagetti

Business Name: \underline{MIKEL}

No. and Street: 2 Corporate Place

<u>Suite 103</u>

City or Town: $\underline{\text{Middletown}}$ State: $\underline{\text{RI}}$ Zip: $\underline{02842}$ Country: $\underline{\text{USA}}$

Contact Phone: ext:

Contact Email: mark.biagetti@mikelinc.com

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