

## 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
001720564	IDM Solutions LLC	Certificate of Good Standing

## **Filer's Contact Information**

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

Contact Name: <u>david segala</u>

 ${\tt Business\ Name:} \underline{IDM\ Solutions\ LLC}$ 

No. and Street: PO box 1106

City or Town: <u>Bristol</u> State: <u>RI</u> Zip: <u>02809</u> Country: <u>USA</u>

Contact Phone: ext:

Contact Email: david.segala@idmsolut.com

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