

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
000936460	Malcom Company, Inc.	Certificate of Good Standing

Filer's Contact Information

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

Contact Name: <u>Jonathan Bixby</u>

Business Name: $\underline{\text{Malcom Company Inc.}}$ No. and Street: $\underline{\text{207 High Point Ave}}$

Unit 7B

City or Town: Portsmouth State: RI Zip: 02871 Country: USA

Contact Phone: <u>401-683-3199</u> ext: <u>1009</u> Contact Email: <u>jonathan@malcom.com</u>

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