



**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
001733628	Sagility LLC	Certificate of Good Standing

**Filer's Contact Information**

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

Contact Name: Sandra Linares

Business Name:

No. and Street: 4600 Larson Way

City or Town: Sacramento

State: CA

Zip: 95822

Country: USA

Contact Phone: 916-457-3333 ext:

Contact Email: sandra@newseasoncorpservices.com