

## 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
000008293	EASTERN BEARINGS, INC.	Certificate of Good Standing

## **Filer's Contact Information**

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

Contact Name: Chris Mannix

Business Name:

No. and Street: 5301 southwest pkwy

<u>suite 400</u>

City or Town:  $\underline{\text{austin}}$  State:  $\underline{\text{TX}}$  Zip:  $\underline{\text{78735}}$  Country:  $\underline{\text{USA}}$ 

Contact Phone: ext:

Contact Email: <a href="mailto:cmannix@rasi.com">cmannix@rasi.com</a>

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