

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
001728159	WOW SUSHI, INC.	Certificate of Good Standing

Filer's Contact Information

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

Contact Name: <u>GUYEON LEE</u>

 ${\tt Business\ Name:} \underline{WOW\ SUSHI,\ INC.}$

No. and Street: $\underline{114\ GRANITE\ STREET\ UNIT\ 16}$

City or Town: WESTERLY State: RI Zip: 02891 Country: USA

Contact Phone: ext:

Contact Email: JOHNCPANY@GMAIL.COM

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