



**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
000703943	Crisloid, LLC	Certificate of Good Standing

**Filer's Contact Information**

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

Contact Name: Jim Ryan

Business Name:

No. and Street: 11600 Sunrise Valley Drive

Suite 180

City or Town: Reston

State: VA

Zip: 20191

Country: USA

Contact Phone: ext:

Contact Email: bera@foundation.com