

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
000521751	Mike Albert, Ltd	Certificate of Good Standing

Filer's Contact Information

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

Contact Name: <u>Lisa Wheeler</u>

Business Name:

No. and Street: $\underline{10340 \ Evendale \ Drive}$

City or Town: Cincinnati State: OH Zip: 45241 Country: USA

Contact Phone: ext:

Contact Email: lisa.wheeler@mikealbert.com

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