

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 NAI	ME CERTIFICATE TYPE
00174898	6 FALCONX DELTA,	INC. Certificate of Good Standing

Filer's Contact Information

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

Contact Name: Karissa Lowry

Business Name: $\underline{FALCONX\ DELTA,\ INC.}$ No. and Street: $\underline{251\ Little\ Falls\ Drive}$

City or Town: Wilmington State: DE Zip: 19808 Country: USA

Contact Phone: <u>8009279801</u> ext:

Contact Email: OF_GS_RI_FileStatus@cscglobal.com

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