



**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
001727015	CampxITSolutions, LLC	Certificate of Good Standing

Filer's Contact Information

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

Contact Name: Jose M Campos

Business Name: CampxItSolutions, LLC

No. and Street: 36 Orchard St

City or Town: Cranston

State: RI

Zip: 02910

Country: USA

Contact Phone: 4019990007 ext:

Contact Email: josecampos@campxitsolutions.com