

## 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
001688899	STERALOIDS INC.	Certificate of Good Standing

## **Filer's Contact Information**

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

Contact Name: <u>Trevor Arends</u>
Business Name: <u>Steraloids Inc</u>
No. and Street: <u>547 Thames Street</u>

2nd Floor

City or Town: Newport State:  $\underline{RI}$  Zip:  $\underline{02840}$  Country:  $\underline{USA}$ 

Contact Phone:  $\underline{4018485422}$  ext: Contact Email:  $\underline{sales@steraloids.com}$ 

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