

## 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
001762907	AL NOOR DISTRIBUTOR LLC	Certificate of Good Standing

## **Filer's Contact Information**

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

Contact Name: Muhammad Noman

 $\hbox{\tt Business Name:} \ \underline{\hbox{\tt AL NOOR DISTRIBUTOR LLC}}$ 

No. and Street:  $\underline{40\ RICE\ STREET}$ 

City or Town: PROVIDENCE State: RI Zip: 02907 Country: USA

Contact Phone: <u>4016597122</u> ext: Contact Email: <u>jessieusa7@gmail.com</u>

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