



**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
000088982	XBInsight, Inc.	Certificate of Good Standing

**Filer's Contact Information**

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

Contact Name: Kathi Graham-Leviss

Business Name:

No. and Street: 215 Sea Meadow Drive

City or Town: Portsmouth

State: RI

Zip: 02871-3928 Country: USA

Contact Phone: 4013383339 ext:

Contact Email: hunter.leviss215@gmail.com