

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
000147686	STEVEN MADDEN RETAIL, INC.	Certificate of Good Standing

Filer's Contact Information

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

Contact Name: <u>ROBERT BABIAK</u>

 ${\tt Business\ Name:} \underline{COGENCY\ GLOBAL\ INC.}$

No. and Street: 600 S 2ND STREET

City or Town: SPRINGFIELD State: IL Zip: 62704 Country: USA

Contact Phone: ext:

Contact Email: LWORKMAN@COGENCYGLOBAL.COM

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