

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
000004825	COPY PRINT COMPANY	Certificate of Good Standing

Filer's Contact Information

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

Contact Name: Chris Libutti

Business Name:

No. and Street: 40 Sockanosset Cross Road

<u>Suite 100</u>

City or Town: $\underline{Cranston}$ State: \underline{RI} Zip: $\underline{02920}$ Country: \underline{USA}

Contact Phone: <u>4014953718</u> ext:

Contact Email: chris.libutti@ampf.com

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