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
001793202	de maximis, Inc	Certificate of Good Standing

Filer's Contact Information
(Enter a contact name, mailing address and email.)

Contact Name: MICHELLE NORMAN
Business Name: DE MAXIMIS, INC
No. and Street: 450 MONTBROOK LN
City or Town: KNOXVILLE State: TN Zip: 37919 Country: USA
Contact Phone: 8656915052 ext: 1038
Contact Email: MNORMAN@DEMAXIMIS.COM