

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
000114739	SHIVA CORPORATION	Certificate of Good Standing

Filer's Contact Information

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

Contact Name: MARY KIMATIAN

Business Name:

No. and Street: $\underline{202 \text{ THAMES ST}}$

City or Town: <u>NEWPORT</u> State: <u>RI</u> Zip: <u>02840</u> Country: <u>USA</u>

Contact Phone: <u>401-741-1755</u> ext:

Contact Email: newporteg1@gmail.com

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