



**State of Rhode Island and Providence Plantations  
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** *(Entity Name is only required for a Certificate of Non-Existence)*

ID	ENTITY NAME	CERTIFICATE TYPE
000158383	Guaranteed Rate, Inc.	Good Standing Certificate

**Total Fee: \$22.00**

**Filer's Contact Information**

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

Contact Name: CATHERINE SOLOMON

Business Name: GUARANTEED RATE, INC

No. and Street: 3940 N RAVENSWOOD

City or Town: CHICAGO

State: IL Zip: 60613 Country: US

Contact Phone: 773-435-0915 ext:

Contact Email: CATHERINE.SOLOMON@GUARANTEEDRATE.COM

**Please provide an email address to receive an expedited response from us if the filing is rejected for any reason. If no email address is provided, we will respond by mail.**