



**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
000712147	Trilogy Risk Specialists, LLC	Letter of Status / Legal Existence

**Total Fee: \$22.00**

**Filer's Contact Information**

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

Contact Name: LISA ERNST

Business Name: TRILOGY RISK SPECIALISTS, LLC

No. and Street: 3325 PADDOCKS PARKWAY  
SUITE 200

City or Town: SUWANEE

State: GA

Zip: 30024

Country: USA

Contact Phone: (678) 679-1828 ext:

Contact Email: LERNST@TRILOGYRISK.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.**