



**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
000488073	LEASE PLAN U.S.A., INC.	Good Standing Certificate

**Total Fee: \$22.00**

**Filer's Contact Information**

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

Contact Name: JOHN T SHEVLIN

Business Name: LEASE PLAN USA INC

No. and Street: 1165 SANCTUARY PARKWAY

City or Town: ALPHARETTA State: GA Zip: 30009 Country: USA

Contact Phone: (770) 618-4656 ext:

Contact Email: JOHN.SHEVLIN@LEASEPLAN.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.**