



**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
000139206	Stillwater Insurance Services, Inc.	Certificate of Fact / Certificate of Amendment

Total Fee: \$32.00

Filer's Contact Information

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

Contact Name: TRUDY BECK

Business Name:

No. and Street: 86 ARNAZ DR.

City or Town: OAK VIEW

State: CA Zip: 93022 Country: US

Contact Phone: 8055696645 ext:

Contact Email: TRUDYBECK@STILLWATERINSURANCE.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.