



**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
000930919	Consumer Recovery Associates, LLC	Good Standing Certificate

**Total Fee: \$22.00**

**Filer's Contact Information**

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

Contact Name: JODI BLASCHUM

Business Name: CONSUMER RECOVERY ASSOCIATES

No. and Street: 484 VIKING DR  
SUITE 155

City or Town: VIRGINIA BEACH

State: VA Zip: 23452

Country: USA

Contact Phone: (757) 563-4553 ext:

Contact Email: JODI.B@CONSUMERRECOVERY.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.**