



**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
000064826	AmWINS Group Benefits, 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: BRENDA ANTHONY

Business Name: CENTRAL LICENSING BUREAU

No. and Street: 1501 N UNIVERSITY

City or Town: LITTLE ROCK

State: AR Zip: 72207 Country: USA

Contact Phone: (501) 664-8044 ext:

Contact Email: CORPQUAL@CENTRALLICENSINGBUREAU.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.