



**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          |
|-----------|------------------------------------|---------------------------|
| 000144834 | Delivery Management Services, Inc. | Good Standing Certificate |

**Total Fee: \$22.00**

**Filer's Contact Information**

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

Contact Name: LIZ VIAU

Business Name: DELIVERY MANAGEMENT SERVICES

No. and Street: 44 A STREET

City or Town: JOHNSTON

State: RI

Zip: 02919

Country: USA

Contact Phone: (401) 649-4900 ext:

Contact Email: L.VIAU@DEPENDONDMS.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.**