



**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
000904048	HMSolution, Inc.	Good Standing Certificate

**Total Fee: \$22.00**

**Filer's Contact Information**

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

Contact Name: MARGARET LENGERICH

Business Name: HMSOLUTION INC

No. and Street: 11 SOUTH ANGELL STREET SUITE #380

City or Town: PROVIDENCE State: RI Zip: 02906 Country: USA

Contact Phone: (401) 497-8560 ext:

Contact Email: MLENGERICH@HMWATERSOLUTION.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.**