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
001332534	Brook Insurance Associates, LLC	Good Standing Certificate

Total Fee: $22.00

Filer's Contact Information
(Enter a contact name, mailing address and email.)
Contact Name: CHRISTOPHER N BROOK
Business Name: BROOK INSURANCE ASSOCIATES, LLC
No. and Street: 1935 ELMWOOD AVE
City or Town: WARWICK State: RI Zip: 02888 Country: USA
Contact Phone: (401) 381-1350 ext:
Contact Email: CHRIS@BROOKINSURE.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.

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