

## 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
000104569	TRANS LEASE, INC.	Good Standing Certificate

Total Fee: \$22.00

## **Filer's Contact Information**

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

Contact Name: <u>HEATHER BESHANY</u> Business Name: <u>TRANS LEASE INC</u>

No. and Street:  $\underline{4475 E 74TH AVE SUITE 103}$ 

City or Town: COMMERCE CITY State: CO Zip: 80022 Country: USA

Contact Phone: (303) 301-7695 ext:

Contact Email: <u>HBESHANY@TRANSLEASEINC.COM</u>

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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