



**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
000509442	TRUSTED INSURANCE ALLIANCE, LLC	Good Standing Certificate

**Total Fee: \$22.00**

**Filer's Contact Information**

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

Contact Name: ROBERTA BERNIER

Business Name: TRUSTED INSURANCE ALLIANCE LLC

No. and Street: 279 DEXTER STREET

P O BOX 1148

City or Town: PAWTUCKET

State: RI Zip: 02860

Country: USA

Contact Phone: (401) 723-8510 ext:

Contact Email: ROBERTA@LOISELLEINSURANCE.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.**