



**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
000263999	Atlantic Mortgage & Finance Corporation	Long Form Good Standing

**Total Fee: \$32.00**

**Filer's Contact Information**

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

Contact Name: MICHAEL NAVOIAN

Business Name: ATLANTIC MORTGAGE & FINANCE CORPORATION

No. and Street: 236A SAND HILL COVE RD

City or Town: NARRAGANSETT

State: RI Zip: 02882 Country: USA

Contact Phone: (401) 481-8050 ext:

Contact Email: MIKE@ATLANTICCORPORATION.NET

**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.**