



**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
001672927	Certified Automotive Lease Corp.	Good Standing Certificate

**Total Fee: \$22.00**

**Filer's Contact Information**

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

Contact Name: JUSTIN JOFFEY

Business Name: CERTIFIED AUTOMIVE LEASE CORP

No. and Street: 300 HOIZON DRIVE SUITE 308

City or Town: HAMILTON

State: NJ

Zip: 08691

Country: USA

Contact Phone: (856) 335-0910 ext:

Contact Email: JJOFFEY@AUTOLENDERS.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.**