



**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

ID	ENTITY NAME	CERTIFICATE TYPE
000487935	CAPITAL LEASE GROUP LTD	Certificate of Good Standing

Filer's Contact Information

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

Contact Name: Robin Lennon

Business Name: Capital Lease Group LTD

No. and Street: 145 Manley Street

City or Town: Brockton

State: MA

Zip: 02301

Country: USA

Contact Phone: 508-584-3005 ext: 13

Contact Email: rlennon@capitalleasegroup.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.