



**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
000064826	AmWINS Group Benefits, Inc.	Certificate of Good Standing

**Filer's Contact Information**

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

Contact Name: Joan Cirilli

Business Name: ACCEL Compliance LLC

No. and Street: 433 South Main Street  
Suite 305

City or Town: West Hartford

State: CT

Zip: 06110

Country: USA

Contact Phone: 8607618552 ext:

Contact Email: jcirilli@accelcompliance.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.**