



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
001675341	SEALIT AMS Cumberland, LLC	Certificate of Good Standing

Filer's Contact Information

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

Contact Name: Jolene Pancari

Business Name: Macrolease

No. and Street: 185 Express Street, Suite 100

City or Town: Plainview

State: NY

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Country: USA

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Contact Email: jpancari@macrolease.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.