



**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
000792889	BREAKFIVE, LLC	Certificate of Good Standing
000750265	GLOBAL PROTECTION SOLUTIONS, LLC	Certificate of Good Standing
000087051	Watchguard Registration Services, Inc.	Certificate of Good Standing
000112836	Trilegiant Insurance Services, Inc.	Certificate of Good Standing

**Filer's Contact Information**

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

Contact Name: trisha Hoffman

Business Name:

No. and Street: 6 High Ridge Park

City or Town: Stamford

State: CT

Zip: 06905

Country: USA

Contact Phone: 2039561162 ext:

Contact Email: thoffman@affiniongroup.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.**