



**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
000136397	Brush Insurance Holdings, Inc.	Certificate of Good Standing
000001166	APPLE VALLEY AGENCY, INC.	Certificate of Good Standing
000059937	Scituate Insurance Agency, Inc.	Certificate of Good Standing

**Filer's Contact Information**

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

Contact Name: NANCY MENDIZABAL

Business Name: APPLE VALLEY AGENCY INC

No. and Street: PO Box 550

City or Town: Greenville

State: RI Zip: 02828

Country: USA

Contact Phone: 4019490559 ext:

Contact Email: NANCY@APPLEVALLEYAGENCY.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.**