



**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
001663063	City by-the-sea Insurance, LLC	Certificate of Good Standing

**Filer's Contact Information**

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

Contact Name: ROBERT LEARY

Business Name: City by-the-sea Insurance, LLC

No. and Street: 26 Washington Sq., Suite 8

City or Town: Newport

State: RI

Zip: 02840

Country: USA

Contact Phone: 4014398323 ext:

Contact Email: rleary@citybytheseainsurance.com