



**State of Rhode Island  
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
000536886	LYME CENTER OF NEW ENGLAND, LLC	Certificate of Good Standing

**Filer's Contact Information**

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

Contact Name: Debra Basquez

Business Name: Guaranteed Rate Inc

No. and Street: 3940 N. Ravenswood Ave

City or Town: Chicago

State: IL

Zip: 60613

Country: USA

Contact Phone: 6092945919 ext:

Contact Email: debra.basquez@rate.com