



**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
001721760	CompuClaim, LLC	Certificate of Good Standing

Filer's Contact Information

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

Contact Name: Norma Sabins

Business Name: CompuClaim, LLC

No. and Street: 221 Third Street
3rd Floor

City or Town: Newport

State: RI

Zip: 02885

Country: USA

Contact Phone: 4018494702 ext:

Contact Email: nsabins@compuclaim.com