

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
000083360	McLane Insurance Agency Inc.	Certificate of Good Standing

Filer's Contact Information

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

Contact Name: Gary McLane

Business Name: McLane Insurance Agency, Inc

No. and Street: 994 Willett Ave

City or Town: Riverside State: RI Zip: 02915 Country: USA

Contact Phone: $\underline{401-433-4100}$ ext: $\underline{3}$ Contact Email: $\underline{gary@mclaneinsurance.com}$

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