



**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
000104569	TRANS LEASE, INC.	Certificate of Good Standing

Filer's Contact Information

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

Contact Name: Catherine Arellano

Business Name: Trans Lease, Inc.

No. and Street: PO Box 335

City or Town: Brighton

State: CO

Zip: 80601

Country: USA

Contact Phone: 3033017588 ext:

Contact Email: cat.arellano@transwest.com