

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
001725699	S&S AUTO LEASING L.L.C.	Certificate of Good Standing

Filer's Contact Information

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

Contact Name: george k kasper

Business Name: $\underline{S\&S}$ Auto Leasing \underline{LLC}

No. and Street: 1020 Charles street

City or Town: North Providence State: RI Zip: 02904 Country: USA

Contact Phone: $\underline{401-261-2552}$ ext:

Contact Email: <u>gkasper@stopsaveins.com</u>

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