



**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
001701841	Backoffice Ally LLC	Certificate of Good Standing

**Filer's Contact Information**

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

Contact Name: Amber Rodriguez

Business Name: Northwest Registered Agent, LLC.

No. and Street: 784 S Clearwater Loop

City or Town: Post Falls

State: ID

Zip: 83854

Country: USA

Contact Phone: 5097682249 ext:

Contact Email: eastern@northwestregisteredagent.com