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
001679186	Vigilant Insurance Partners, LLC	Certificate of Good Standing

Filer's Contact Information
(Enter a contact name, mailing address and email.)

Contact Name: michael Quarella
Business Name: Vigilant Insurance Partners
No. and Street: 34 Wood Ave
PO Box 564
City or Town: Sandwich State: MA Zip: 02563 Country: USA
Contact Phone: 6175840824 ext:
Contact Email: michael@vigilantins.com