



**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
000061635	MAXIMUM RETURN, INC.	Certificate of Good Standing

Filer's Contact Information

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

Contact Name: bruce dennis allen

Business Name: RE/MAX Professionals of Newport

No. and Street: bruce allen

55 memorial blvd suite 1

City or Town: Newport

State: RI

Zip: 02840

Country: USA

Contact Phone: 14018490100 ext:

Contact Email: bruceallen005@gmail.com