

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
001737519	CMS HOME INSPECTION LLC	Certificate of Good Standing

Filer's Contact Information

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

Contact Name: Sam Bianchini

 $\hbox{\tt Business Name:} \underline{CMS\ Home\ Inspection\ LLC}$

No. and Street: $\underline{12\ HOWARD\ AVE}$

City or Town: NORTH PROVIDENCE State: \underline{RI} Zip: $\underline{02911}$ Country: \underline{USA}

Contact Phone: <u>401-830-0966</u> ext:

Contact Email: SAM@CMSHOMEINSPECTION.COM

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