

## 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
001728086	H19 Sutton Leasing, LLC	Certificate of Good Standing

## **Filer's Contact Information**

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

Contact Name: KATHI

Business Name: <u>H19 Sutton Leasing LLC</u>

No. and Street: <u>1471 E 12 Mile Rd</u>

**Building H** 

City or Town:  $\underline{MADISON\ HEIGHTS}$  State:  $\underline{MI}$  Zip:  $\underline{48071}$  Country:  $\underline{USA}$ 

Contact Phone: <u>15867595777</u> ext: Contact Email: <u>cmoli@H19sutton.com</u>

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