



**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
000118297	ACME AUTO LEASING, LLC	Certificate of Good Standing

**Filer's Contact Information**

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

Contact Name: Susan McElroy

Business Name: Acme Auto Leasing

No. and Street: 440 Washington Ave

City or Town: North Haven

State: CT

Zip: 06473

Country: USA

Contact Phone: 203-234-6850 ext: 230

Contact Email: smcelroy@acmeautoleasing.com