

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
000116215	Automotive Recovery Services, Inc.	Certificate of Good Standing

Filer's Contact Information

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

Contact Name: <u>Tracy Pope-Gresham</u>

Business Name: <u>Automotive Recovery Services, Inc.</u>

No. and Street: Two Westbrook Corp. Center

<u>Suite 500</u>

City or Town: Westchester State: $\underline{\text{IL}}$ Zip: $\underline{60154}$ Country: $\underline{\text{USA}}$

Contact Phone: <u>2243151427</u> ext: Contact Email: <u>tpope-gr@iaai.com</u>

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