

## 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
000141717	TRUCK SOLUTIONS, LLC	Certificate of Good Standing

## **Filer's Contact Information**

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

Contact Name: CT System

 $\hbox{\tt Business Name:} \ \underline{CT\ Corporation\ System}$ 

No. and Street: 2929 Allen Parkway Suite 3300

Suite 3300

City or Town: <u>Houston</u> State: <u>TX</u> Zip: <u>77019</u> Country: <u>USA</u>

Contact Phone: <u>2816366873</u> ext:

Contact Email: cs-eff@wolterskluwer.com

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