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
001686999	Employee Benefit Management Services, LLC	Certificate of Good Standing

Filer's Contact Information
(Enter a contact name, mailing address and email.)

Contact Name: Consuelo A. Florence
Business Name: Employee Benefit Management Services, LLC
No. and Street: 3333 Hesper
City or Town: Billings State: M T Zip: 59102 Country: USA
Contact Phone: 9727442527 ext:
Contact Email: compliance@ebms.com