



**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
000080398	PODMASKA INSURANCE AGENCY, INC.	Certificate of Good Standing

**Filer's Contact Information**

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

Contact Name: Barry Shuster

Business Name:

No. and Street: PO Box 79578/ 1157 Tucker Road

City or Town: Dartmouth

State: MA

Zip: 02747-3124 Country: USA

Contact Phone: ext:

Contact Email: barrys1@comcast.net