

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
000505728	HM MANAGEMENT LLC	Certificate of Good Standing

Filer's Contact Information

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

Contact Name: <u>Jeff Graves</u>

 $\hbox{\tt Business Name:} \ \underline{\hbox{\tt Alliance Corporate Solutions LLC}}$

No. and Street: <u>15560 Lakeview Drive</u>

City or Town: Manhattan State: IL Zip: 60442 Country: USA

Contact Phone: ext:

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