

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
ſ	000126031	Wheels LT	Certificate of Good Standing

Filer's Contact Information

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

Contact Name: Mark Thomas

Business Name: Wheels

No. and Street: 666 Garland Place

City or Town: <u>Des Plaines</u> State: <u>IL</u> Zip: <u>60016</u> Country: <u>USA</u>

Contact Phone: $\underline{847\text{-}250\text{-}9251}$ ext:

Contact Email: incometax@wheels.com

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