

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
001715419	Omega Benefit Strategies, Inc.	Certificate of Good Standing

Filer's Contact Information

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

Contact Name: <u>Douglas P Snowman</u>

Business Name: Omega Benefit Strategies, Inc.

No. and Street: $\underline{14\ Monument\ Sq}$

<u>Suite 306</u>

City or Town: <u>Leominster</u> State: <u>M A</u> Zip: <u>01453</u> Country: <u>USA</u>

Contact Phone: 6179228551 ext:

Contact Email: <u>dsnowman@omegabfs.com</u>

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