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
000487640	Leasing Associates Finance, Inc.	Certificate of Good Standing

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

Contact Name: Melissa Solis
Business Name: Leasing Associates/ LAI Trust
No. and Street: 12600 N Featherwood Dr
SUITE 400
City or Town: Houston State: TX Zip: 77034 Country: USA
Contact Phone: 8323001356 ext:
Contact Email: melissas@theleasingcompany.com