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
000788414	HS FINANCIAL GROUP, LLC	Certificate of Good Standing

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

Contact Name: Carly Pearson
Business Name:
No. and Street: 925 North Point Parkway Suite 470 Suite 470
City or Town: ALPHARETTA State: GA Zip: 30005 Country: USA
Contact Phone: 7705874595 ext:
Contact Email: cpearson@cornerstonelicensing.com