



**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
000109638	Capital City Insurance Agency L.L.C.	Certificate of Good Standing

Filer's Contact Information

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

Contact Name: Kim Sullivan

Business Name: Northwest Registered Agent LLC

No. and Street: 784 S. Clearwater Loop

City or Town: Post Falls

State: ID

Zip: 83854

Country: USA

Contact Phone: 3072002803 ext:

Contact Email: eastern@northwestregisteredagent.com