

## 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
001769119	Capital Home Loans LLC	Certificate of Good Standing

## **Filer's Contact Information**

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

Contact Name: Michael Yaeger

 ${\tt Business\ Name:} \underline{Capital\ Home\ Loans\ LLC}$ 

No. and Street: 6 Pine Crest Dr

City or Town: <u>JOHNSTON</u> State: <u>RI</u> Zip: <u>02919</u> Country: <u>USA</u>

Contact Phone: <u>401-213-9898</u> ext:

Contact Email: michael.yaeger@capitalhomeloans.net

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