



**State of Rhode Island and Providence Plantations
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 (*Entity Name is only required for a Certificate of Non-Existence*)

ID	ENTITY NAME	CERTIFICATE TYPE
000020428	Original New York System Restaurant, Inc.	Long Form Good Standing

Total Fee: \$188.00

Filer's Contact Information

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

Contact Name: PETER E. MADDEN, ESQ.

Business Name:

No. and Street: 2 BRIDGE STREET

City or Town: PROVIDENCE

State: RI

Zip: 02903

Country: USA

Contact Phone: (401) 521-1800 ext:

Contact Email: PMADDENLAW@VERIZON.NET

Please provide an email address to receive an expedited response from us if the filing is rejected for any reason. If no email address is provided, we will respond by mail.