



**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
000057061	Connetta's Mobile Home Park Residents Cooperative Assoc	Long Form Good Standing

**Total Fee: \$7.00**

**Filer's Contact Information**

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

Contact Name: DEAN FARIAS

Business Name: CONNETTAS MOBILE HOME PARK

No. and Street: 443 DYER AVE

City or Town: CRANSTON

State: RI

Zip: 02920

Country: USA

Contact Phone: (401) 641-4253 ext:

Contact Email: DEANFARIAS@GMAIL.COM

**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.**