



**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
001660697	BOCADA FAAC, LLC	Good Standing Certificate

Total Fee: \$22.00

Filer's Contact Information

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

Contact Name: ROBERT NEALON

Business Name: FIRST ATLANTIC AUTO CREDIT, LLC

No. and Street: 14 BREAKNECK HILL ROAD

City or Town: LINCOLN

State: RI Zip: 02865 Country: USA

Contact Phone: (401) 753-9601 ext:

Contact Email: RNEALON@FIRSTATLANTICAUTOCREDIT.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.