



**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**

ID	ENTITY NAME	CERTIFICATE TYPE
000092176	TOURBILLON TRAILER SALES, INC.	Certificate of Good Standing

**Filer's Contact Information**

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

Contact Name: ANGELA PREST

Business Name: TOURBILLON TRAILER SALES

No. and Street: 401 SNAKE HILL ROAD

City or Town: NORTH SCITUATE

State: RI Zip: 02857 Country: USA

Contact Phone: 401-934-2221 ext:

Contact Email: ANGELA@TOURBILLONTRAILERS.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.**