



**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
001674560	Middlesex Glass Co Inc	Certificate of Good Standing

**Filer's Contact Information**

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

Contact Name: Tracy Ryan

Business Name:

No. and Street: 1635 SHAWSHEEN STREET

City or Town: TEWKSBURY

State: MA

Zip: 01876

Country: USA

Contact Phone: 978-654-4415 ext:

Contact Email: tryan@middlesexglass.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.**