



**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
001677263	Jack Hood Transportation, Inc.	Certificate of Good Standing

**Filer's Contact Information**

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

Contact Name: Tammy Bowen

Business Name: Jack Hood Transportation, Inc.

No. and Street: 10827 W 400 N

City or Town: Michigan City

State: IN

Zip: 46360

Country: USA

Contact Phone: 2198742085 ext: 304

Contact Email: TBowen@jackhoodtransinc.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.**