



**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
001683990	1173 North Main Street, LLC	Certificate of Good Standing

Filer's Contact Information

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

Contact Name: Michelle Reffelt

Business Name: Saulino and Silvia, PC

No. and Street: 550 Locust Street

City or Town: Fall River

State: MA

Zip: 02720

Country: USA

Contact Phone: 5086757770 ext:

Contact Email: mreffelt@saulinoandsilvia.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.