

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
000088540	EAST COAST MASONRY AND RESTORATION, INC.	Certificate of Good Standing

Filer's Contact Information

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

Contact Name: Michael St. Angelo

Business Name: <u>EAST COAST MASONRY & RESTORATION</u>

No. and Street: 515 Greenville Ave

515 GREENVILLE AVENUE

City or Town: <u>JOHNSTON</u> State: <u>RI</u> Zip: <u>02919</u> Country: <u>USA</u>

 $\begin{array}{ll} \text{Contact Phone: } \underline{4012650330} \ \ \text{ext:} \\ \text{Contact Email: } \underline{MIKE@ECMRI.NET} \end{array}$

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.

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