



**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
000010039	GALLO   THOMAS INSURANCE AGENCY, INC.	Certificate of Fact - Name Change

**Filer's Contact Information**

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

Contact Name: Kourtney Coutu

Business Name: GALLO THOMAS INSURANCE AGENCY, INC.

No. and Street: 117 METRO CENTER BLVD SUITE 1004

City or Town: WARWICK

State: RI Zip: 02886 Country: USA

Contact Phone: 4017329100 ext: 302

Contact Email: kcoutu@gallothomas.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.**