



**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
000539483	Bacalao LLC	Certificate of Good Standing

**Filer's Contact Information**

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

Contact Name: David Parr

Business Name: Bacalao LLC dba Bridge Restaurant

No. and Street: 37 Main Street

City or Town: Westerly State: RI Zip: 02891 Country: USA

Contact Phone: 4013489700 ext:

Contact Email: dave@bridgeri.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.**