



**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
000104135	MEXICO RESTAURANT GARABALDI INC.	Certificate of Good Standing

Filer's Contact Information

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

Contact Name: Annie-Laurie Hogan

Business Name: Moses Ryan

No. and Street: 160 Westminster Street
Suite 400

City or Town: Providence

State: RI

Zip: 02903

Country: USA

Contact Phone: 4014533600 ext:

Contact Email: alhogan@marlawri.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.