



**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
001688181	DENT FIXX TOWING, INC.	Certificate of Good Standing

**Filer's Contact Information**

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

Contact Name: MICHAEL QUINTANILHA

Business Name: DENT FIXX TOWING, INC.

No. and Street: 482 WATERMAN AVENUE

City or Town: EAST PROVIDENCE

State: RI

Zip: 02914

Country: USA

Contact Phone: 401-424-5300 ext:

Contact Email: DENTFIXXTOWING@GMAIL.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.**