



**State of Rhode Island
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
000075587	ATLANTIC ELEVATOR SOUTH CO., INC.	Certificate of Good Standing

Filer's Contact Information

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

Contact Name: Valerie Marcello

Business Name: Atlanticelevator South Co., Inc

No. and Street: 1900 Fall River Avenue

City or Town: Seekonk State: MA Zip: 02771 Country: USA

Contact Phone: 508-336-2560 ext:

Contact Email: accounting@atlanticelevatorsouth.com