



**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
001679098	DENT FIXX, 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, INC.

No. and Street: 482 Waterman Avenue

City or Town: EastProvidence

State: RI

Zip: 02914

Country: USA

Contact Phone: 4014245300 ext:

Contact Email: dentfixxinc@gmail.com