



**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
000003895	CENTRAL NURSERIES, INC.	Certificate of Good Standing

Filer's Contact Information

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

Contact Name: PAUL A. PAGLIARINI

Business Name:

No. and Street: 1155 ATWOOD AVENUE

City or Town: JOHNSTON

State: RI

Zip: 02919

Country: USA

Contact Phone: 4019427511 ext:

Contact Email: ppag@centralnurseries.com