



**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
000035184	AL MONTECALVO'S AUTO CLINIC, INC.	Certificate of Good Standing

**Filer's Contact Information**

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

Contact Name: JAYSON MONTECALVO

Business Name: AL MONTECALVO'S AUTO CLINIC

No. and Street: 650 HARTFORD PIKE

City or Town: N.SCITUATE

State: RI

Zip: 02857

Country: USA

Contact Phone: 401-934-2234 ext:

Contact Email: ALSAUTOCLINIC@GMAIL.COM