

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
001705776	Michael's Auto Sales, LLC	Certificate of Good Standing

Filer's Contact Information

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

Contact Name: Michael Petrarca
Business Name: Michael's Auto Sales

No. and Street: 3 Tag Drive

City or Town: North Providence State: RI Zip: 02911 Country: USA

 $\begin{array}{lll} \mbox{Contact Phone:} & \underline{4013548604} & \mbox{ext:} \\ \mbox{Contact Email:} & \underline{mpetra5185@aol.com} \end{array}$

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