

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
000153699	Northeast Autobody & Sales, LLC	Certificate of Good Standing

Filer's Contact Information

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

Contact Name: MATT CLEMENTS

Business Name: $\underline{NORTHEAST\ AUTO\ BODY}$

No. and Street: 775 HARTFORD AVE.

City or Town: <u>JOHNSTON</u> State: <u>RI</u> Zip: <u>02919</u> Country: <u>USA</u>

 $\begin{array}{ll} \text{Contact Phone:} & \underline{401\text{-}437\text{-}8444} \text{ ext:} \\ \text{Contact Email:} & \underline{\text{neautobody@yahoo.com}} \end{array}$

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