

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
001036337	SUCCOUR MOBILITY SERVICES LLC	Certificate of Good Standing

Filer's Contact Information

(Enter a contact name, mailing address and email.)
Contact Name: ABDULGIYATH MAYALEEKE

Business Name: <u>SUCCOUR MOBILITY SERVICES LLC</u>

No. and Street: 4 Salisbury Street

City or Town: Providence State: RI Zip: 02905 Country: USA

Contact Phone: $\underline{4016596899}$ ext:

Contact Email: succourmobilityllc@gmail.com

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