

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
000034628	FINNIMORE & FISHER, INC.	Certificate of Good Standing

Filer's Contact Information

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

Contact Name: <u>MIKE FINNIMORE</u>
Business Name: <u>ISLAND MOPED</u>

No. and Street: $\underline{PO\ BOX\ 280\ BLOCK\ ISLAND}$

BLOCK ISLAND

City or Town: <u>BLOCK ISLAND</u> State: <u>RI</u> Zip: <u>02807</u> Country: <u>USA</u>

Contact Phone: $\underline{14013232060}$ ext: Contact Email: $\underline{mjf45@yahoo.com}$

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