

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
001	747691	Hope & Main Providence	Certificate of Good Standing

Filer's Contact Information

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

Contact Name: <u>Luca Carnevale</u>
Business Name: <u>Hope and Main</u>
No. and Street: <u>691 Main St</u>

City or Town: $\underline{\text{Warren}}$ State: $\underline{\text{RI}}$ Zip: $\underline{02885}$ Country: $\underline{\text{USA}}$

Contact Phone: ext:

Contact Email: Luca@makefoodyourbusiness.org

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