

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
001738293	CENTRAL FALLS HOLIDAY EXPRESS	Certificate of Good Standing

Filer's Contact Information

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

Contact Name: <u>Sidney Siegel</u>

 ${\tt Business\ Name:} \underline{Central\ Falls\ Holiday\ Express}$

No. and Street: 14 Worth St

City or Town: Central Falls State: RI Zip: 02863 Country: USA

Contact Phone: <u>5083692258</u> ext: Contact Email: <u>sidincf@yahoo.com</u>

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