

## 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
000093868	QUITO'S SHELLFISH AND RESTAURANT, INC.	Certificate of Good Standing

## **Filer's Contact Information**

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

Contact Name: MICHAEL A. LUCAS

Business Name:  $\underline{\text{MICHAEL A. LUCAS, CPA}}$  No. and Street:  $\underline{\text{643 METACOM AVENUE}}$ 

City or Town: <u>BRISTOL</u> State: <u>RI</u> Zip: <u>02809</u> Country: <u>USA</u>

Contact Phone: <u>4012531986</u> ext: Contact Email: <u>michaelluc@msn.com</u>

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