



**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
000104275	Dean Auto Collision Center, Inc.	Certificate of Good Standing

Filer's Contact Information

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

Contact Name: ANGELICA A COLAFRANCESCO

Business Name: DEAN AUTO COLLISION CENTER

No. and Street: PO BOX 9103

City or Town: PROVIDENCE

State: RI

Zip: 02940

Country: USA

Contact Phone: 4014214700 ext:

Contact Email: angelica@deanautocollision.com