



**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
000073541	DETROIT COLLISION CENTER, INC.	Certificate of Good Standing

Filer's Contact Information

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

Contact Name: Bette DiDonato

Business Name: Detroit collisionn center

No. and Street: 1189 douglas ave

City or Town: north providence

State: RI

Zip: 02904

Country: USA

Contact Phone: 401-353-9500 ext:

Contact Email: precision@detroitcollisioncenter.com