

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
001755112	Car Connections Inc.	Certificate of Good Standing

Filer's Contact Information

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

Contact Name: <u>Hercilio Cardoso</u>

Business Name: \underline{CAR} $\underline{CONNECTIONS}$ \underline{INC} No. and Street: $\underline{166}$ \underline{JT} $\underline{CONNELL}$ $\underline{HIGHWAY}$

City or Town: <u>NEWPORT</u> State: <u>RI</u> Zip: <u>02840</u> Country: <u>USA</u>

Contact Phone: $\underline{4013245920}$ ext:

Contact Email: junior@carconnectionsauto.com

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