



**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
001699964	City Taxi, Inc.	Certificate of Good Standing

Filer's Contact Information

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

Contact Name: MICHAEL P CAVALLARO

Business Name: CITY TAXI INC.

No. and Street: 175 PINE ST

City or Town: SEEKONK

State: MA Zip: 02771

Country: USA

Contact Phone: 14016403642 ext:

Contact Email: prostock87@aol.com