

## 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
000131089	REALTY GROUP OF RHODE ISLAND, LLC	Certificate of Good Standing

## **Filer's Contact Information**

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

Contact Name: Mal Salvadore

Business Name:  $\underline{\text{Mal A. Salvadore, Ltd.}}$ No. and Street:  $\underline{400 \text{ Reservoir Avenue}}$ 

City or Town: <u>Providence</u> State: <u>RI</u> Zip: <u>02907</u> Country: <u>USA</u>

Contact Phone: <u>4017808686</u> ext: Contact Email: <u>masltd1999@aol.com</u>

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