

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
001674484	NY Pizza, Inc.	Certificate of Good Standing

Filer's Contact Information

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

Contact Name: Tyler Carlson
Business Name: NY Pizza Inc
No. and Street: 224 Post Road

Unit 3

City or Town: $\underline{Westerly}$ State: \underline{RI} Zip: $\underline{02891}$ Country: \underline{USA}

Contact Phone: <u>2037389190</u> ext: Contact Email: <u>tyler@tymark.com</u>

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