



**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
000035184	AL MONTECALVO'S AUTO CLINIC, INC.	Certificate of Good Standing

Filer's Contact Information

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

Contact Name: JAYSON MONTECALVO

Business Name: AL MONTECALVOS AUTO CLINIC, INC.

No. and Street: 650 HARTFORD PIKE

City or Town: N. SCITUATE

State: RI Zip: 02857 Country: USA

Contact Phone: 401-499-4126 ext:

Contact Email: ALSAUTOCLINIC@GMAIL.COM