

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
001709334	Auto Rossa Auto Sales LLC	Certificate of Good Standing

Filer's Contact Information

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

Contact Name: <u>marcel daquay</u>

Business Name: $\underline{auto\ rossa\ auto\ sales\ llc}$ No. and Street: $\underline{2\ new\ industrial\ way}$

City or Town: <u>warren</u> State: <u>RI</u> Zip: <u>02885</u> Country: <u>USA</u>

Contact Phone: <u>5614007173</u> ext: Contact Email: <u>marcel@daquay.com</u>

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