



**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
001341097	MAGANA DELIVERY AND SERVICES INC	Certificate of Good Standing

Filer's Contact Information

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

Contact Name: Pamela Joy Williams

Business Name:

No. and Street: 1686 Dundee Pl

City or Town: Columbus

State: OH

Zip: 43227

Country: USA

Contact Phone: 8035793142 ext:

Contact Email: Pamela_williams@ryder.com