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
000036831	ANCO Plastic Components, Inc.	Certificate of Status - Dissolved

Filer's Contact Information
(Enter a contact name, mailing address and email.)

Contact Name: Mary Lu Medeiros
Business Name:
No. and Street: 3 Logan Ct.
City or Town: Seekonk State: M A Zip: 02771 Country: USA
Contact Phone: 401595-8393 ext:
Contact Email: mlmed725@comcast.net