



**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
001788432	Vargas Foods Distributor LLC	Certificate of Good Standing

Filer's Contact Information

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

Contact Name: Aneury Vargas

Business Name: Vargas Foods Distributor Llc

No. and Street: 175 Maplewood Avenue

City or Town: Cranston

State: RI

Zip: 02920

Country: USA

Contact Phone: 4018378832 ext:

Contact Email: avargas1085@gmail.com