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
000010039	GALLO | THOMAS INSURANCE AGENCY, INC.	Certificate of Good Standing

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

Contact Name: Adam S. Clavell
Business Name:
No. and Street: 355 Union St.
City or Town: New Bedford State: M A Zip: 02740 Country: USA
Contact Phone: ext:
Contact Email: aclavell@clavell-law.com