



**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
000978752	MOE'S LIMO LLC	Certificate of Good Standing

**Filer's Contact Information**

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

Contact Name: MAHMOUD EL SHARKAWY

Business Name:

No. and Street: 1800 MINERAL SPRING AVE  
STE 131

City or Town: NORTH PROVIDENCE State: RI Zip: 02904 Country: USA

Contact Phone: ext:

Contact Email: melsharkawy@moeslimori.com