

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
000012254	GRASSO'S SERVICE CENTER, INC.	Certificate of Good Standing

Filer's Contact Information

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

Contact Name: <u>David Grasso</u>

 ${\tt Business\ Name:}\ \underline{Grasso's\ Service\ Center,\ Inc}$

No. and Street: 116 Hartford Ave

City or Town: Providence State: RI Zip: 02909 Country: USA

Contact Phone: $\underline{4018314800}$ ext:

Contact Email: grassoscenter@gmail.com

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