



**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
000788947	Flatbread Providence, Inc.	Certificate of Good Standing

**Filer's Contact Information**

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

Contact Name: Annabelle Cocchiaro

Business Name: Flatbread Providence, Inc.

No. and Street: 4 High Street, Suite 5

City or Town: Hampton

State: NH

Zip: 03842

Country: USA

Contact Phone: 6039269401 ext:

Contact Email: cocchiaro.annabelle@gmail.com