

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
001756163	S.O.L. TRUCKING COMPANY LLC	Certificate of Good Standing

Filer's Contact Information

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

Contact Name: <u>Lilian Arantes</u>

 ${\tt Business\ Name:} \underline{Arrow\ Truck\ Sales\ Inc}$

No. and Street: 901 North Ave.

City or Town: $\underline{07201}$ State: \underline{RI} Zip: $\underline{07201}$ Country: \underline{USA}

Contact Phone: <u>9083552600</u> ext:

Contact Email: larantes@arrowtruck.com

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