



**State of Rhode Island and Providence Plantations  
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** *(Entity Name is only required for a Certificate of Non-Existence)*

ID	ENTITY NAME	CERTIFICATE TYPE
000488213	St. Augustine Management LLC	Long Form Good Standing

**Total Fee: \$32.00**

**Filer's Contact Information**

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

Contact Name: MATTHEW BURKE

Business Name: BURKE, ESPINOLA AND VAN COLEN

No. and Street: 120 PURCHASE STREET

City or Town: FALL RIVER

State: MA Zip: 02720

Country: USA

Contact Phone: (508) 646-0434 ext:

Contact Email: MBURKE@MEGANET.NET

**Please provide an email address to receive an expedited response from us if the filing is rejected for any reason. If no email address is provided, we will respond by mail.**