



**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
000049959	Koffler Associates Limited Partnership	Letter of Status / Legal Existence
000104383	RIVERVIEW RETAIL, LLC	Good Standing Certificate

Total Fee: \$42.00

Filer's Contact Information

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

Contact Name: SCOTT J. SUMMER, ESQ.

Business Name: LAWYERSCOLLABORATIVE

No. and Street: 400 RESERVOIR AVE, STE 3A

City or Town: PROVIDENCE

State: RI Zip: 02907 Country: USA

Contact Phone: (401) 965-7771 ext:

Contact Email: SJS@LAWYERSCOLLABORATIVE.COM

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.