



**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
000082538	The Meiselman Life Insurance Limited Partnership	Certificate of Fact / Certificate of Amendment
000082538	The Meiselman Life Insurance Limited Partnership	Letter of Status / Legal Existence
000082538	The Meiselman Life Insurance Limited Partnership	Certificate of Fact / Other

Total Fee: \$82.00

Filer's Contact Information

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

Contact Name: LAURA MEISELMAN

Business Name: THE MEISELMAN LIFE INSURANCE LIMITED PARTNERSHIP

No. and Street: 9 SECOR STREET

City or Town: COLD SPRING

State: NE Zip: 10516 Country: USA

Contact Phone: (845) 661-4593 ext:

Contact Email: LAURAMEISELMAN@GMAIL.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.