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

ID	ENTITY NAME	CERTIFICATE TYPE
000118275	HOPEDALE GROUP, LLC	Certificate of Good Standing

Filer's Contact Information
(Enter a contact name, mailing address and email.)

Contact Name: Michael E. Levinson
Business Name: Brainsky Levinson, LLC
No. and Street: 1543 Fall River Avenue
Suite 1
City or Town: Seekonk State: RI Zip: 02771 Country: USA
Contact Phone: 5085571910 ext:
Contact Email: mlevinson@brainskylevinson.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.