



**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
001657738	Levitan & Associates, Inc.	Certificate of Good Standing

Filer's Contact Information

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

Contact Name: Stephanie Lewis

Business Name: Levitan & Associates, Inc.

No. and Street: 20 Custom House Street
Suite 830

City or Town: BOSTON

State: MA

Zip: 02110

Country: USA

Contact Phone: 6173520216 ext:

Contact Email: sl@levitan.com