

## 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
001667260	JOEL PROPERTIES LLC	Certificate of Good Standing

## **Filer's Contact Information**

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

Contact Name: Megan Doval

Business Name: Medici and Sciacca, P.C.
No. and Street: 1312 Atwood Avenue

City or Town: <u>Johnston</u> State: <u>RI</u> Zip: <u>02919</u> Country: <u>USA</u>

 $\begin{array}{lll} \mbox{Contact Phone:} & \underline{4019463910} \ \mbox{ext:} \\ \mbox{Contact Email:} & \underline{megan@mslaw-pc.com} \end{array}$ 

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