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
001662237	RAFAEL LLC.	Certificate of Good Standing

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

Contact Name: Mark L. Levin
Business Name: Levin & Levin
No. and Street: 138 Rock Street
City or Town: Fall River State: MA Zip: 02720 Country: USA
Contact Phone: 508-678-2824 ext:
Contact Email: lawoffice@levin-levinlaw.com