



**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
000790374	RM ADVENTURES, LLC	Certificate of Good Standing - Long Form

Filer's Contact Information

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

Contact Name: Michael S. Benjamin

Business Name:

No. and Street: 1514 Beacon Street

Unit 8

City or Town: Brookline

State: MA

Zip: 02446

Country: USA

Contact Phone: 6172810020 ext:

Contact Email: mbenjamin25@gmail.com