

## 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
001711479	Brotherhood Limited Partnership	Certificate of Legal Existence

## **Filer's Contact Information**

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

Contact Name: Gary Richetelli

Business Name:

No. and Street: 200 Boston Post Rd

Ste 13

City or Town:  $\underline{Orange}$  State:  $\underline{CT}$  Zip:  $\underline{06477}$  Country:  $\underline{USA}$ 

Contact Phone:  $\underline{2038890070}$  ext: Contact Email:  $\underline{efn@comdevel.com}$ 

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