



**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
000070959	ALBERT FAMILY LIMITED PARTNERSHIP	Certificate of Legal Existence

Filer's Contact Information

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

Contact Name: James C. Sullivan

Business Name: Sullivan Estate Law

No. and Street: 65 Boston Neck Road

City or Town: North Kingstown

State: RI

Zip: 02852

Country: USA

Contact Phone: 401-294-9556 ext:

Contact Email: shayes@sullivanlawri.com