



**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
001755404	599 Reservoir Ave Llc	Certificate of Good Standing

Filer's Contact Information

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

Contact Name: Michael Levinson

Business Name: Brainsky Levinson, LLC

No. and Street: 1543 Fall River Avenue

Suite 1

City or Town: Seekonk

State: MA

Zip: 02771

Country: USA

Contact Phone: 5085571910 ext:

Contact Email: mlevinson@brainskylevinson.com