



**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
001760344	MEDI PLUS BENEFIT GROUP LLC	Certificate of Good Standing

Filer's Contact Information

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

Contact Name: Thomas Rolin

Business Name: Medi Plus Benefit Group LLC

No. and Street: 401 GILBERT STUART DR

City or Town: East Greenwich

State: RI

Zip: 02818

Country: USA

Contact Phone: 4012551746 ext:

Contact Email: tomrolin@outlook.com