

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
001664912	Clohessy Harris & Kaiser, LLC	Certificate of Good Standing

Filer's Contact Information

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

Contact Name: gary miller

 ${\hbox{\tt Business Name:}} \underline{\hbox{\tt The Miller Law Firm, PLLC}}$

No. and Street: 435 ocean ave

City or Town: <u>lawrence</u> State: <u>NY</u> Zip: <u>11559</u> Country: <u>USA</u>

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