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: MICHAEL K MARRAN
Business Name: self
No. and Street: 1 SECLUDED DRIVE
City or Town: WAKEFIELD State: RI Zip: 02879 Country: USA
Contact Phone: 4015246868 ext:
Contact Email: mmarranlaw@gmail.com