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
001730973	TAB Associates LLC	Certificate of Good Standing

Filer's Contact Information
(Enter a contact name, mailing address and email.)

Contact Name: Joshua Blumen
Business Name: J. Blumen & Associates
No. and Street: 36 S Main Street
City or Town: Sharon State: M A Zip: 02067 Country: USA
Contact Phone: 7817842500 ext:
Contact Email: jblumen@jblumenlaw.com

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