

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
000015660	KLIBANOFF EYE ASSOCIATES, LTD.	Certificate of Good Standing

Filer's Contact Information

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

Contact Name: Benjamin Klibanoff

 ${\hbox{\tt Business Name:}} \ \underline{\hbox{\tt Klibanoff Eye Associates, Ltd}}$

No. and Street: 55 Broad St

City or Town: Pawtucket State: RI Zip: 02860-2023 Country: USA

Contact Phone: ext:

Contact Email: Benjamin.klibanoff@gmail.com

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