

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
001766537	Ritual Health LLC	Certificate of Status - Revoked

Filer's Contact Information

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

Contact Name: <u>LARISA POPOVA</u>

Business Name: $\underline{P \& L CONSULTING SERVICES CORP}$

No. and Street: $\underline{2625 \ E} \ 14TH \ ST \ STE \ 205$

City or Town: <u>BROOKLYN</u> State: <u>NY</u> Zip: <u>11235</u> Country: <u>USA</u>

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