



CLIENT OPENING SURVEY FORM

Mr/Mrs/Miss

MR./MRS./MISS

Raymon

FIRST NAME

CRlvRrssi

LAST NAME

617-824-4724

CONTACT NUMBER

617-642-1462

ALTERNATE NUMBER

COMPANY DATA BASE

raymon.calvaresi@yahoo.com

EMAIL ADDRESS

Exit 11 Coffee House
and Community
Workspace

COMPANY NAME

NA

WEBSITE URL

1351 Jefferson Street Ste 120

Address

Washington

City

Missouri

State

63090-6449

ZIP Code

Cafes, Restaurants and Takeaway Food Services

SIC DESCRIPTION

451

SIC CODE

Independent

ENTITY TYPE

Under \$500,000

COMPANY SALES

75,800.00

REVENUE (USD)

Missouri

COUNTRY/REGION

YES

MEDICAL INSURANCE



US Hwy 1 S, Saint Augustine, FL 32086 ,Plantation Island
Dr S, Saint Augustine, FL 32080



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1782