



# CLIENT OPENING SURVEY FORM

Female

MR./MRS./MISS

Alicia

FIRST NAME

Craven

LAST NAME

9165198101

CONTACT NUMBER

773-297-9391

ALTERNATE NUMBER

## COMPANY DATA BASE

policialynn@gmail.com

EMAIL ADDRESS

R.S.I. Inc.

COMPANY NAME

http://www.court-  
reporting.com

WEBSITE URL

68 Commercial Wharf

Address

Boston

City

Massachusetts

State

02110-3878

ZIP Code

Other Administrative Services

SIC DESCRIPTION

729

SIC CODE

Independent

ENTITY TYPE

Under \$500,000

COMPANY SALES

557,600.02

REVENUE (USD)

Massachusetts

COUNTRY/REGION

YES

MEDICAL INSURANCE



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

+1 (904) 117-  
1782