



CLIENT OPENING SURVEY FORM

Male
MR./MRS./MISS

Bob
FIRST NAME

Costa
LAST NAME

9312155421
CONTACT NUMBER

201-365-8698
ALTERNATE NUMBER

COMPANY DATA BASE

hidddddde@gmail.com
EMAIL ADDRESS

Dennis Memorial
Library Association
COMPANY NAME

http://www.dennismemoriallibrary.org
WEBSITE URL

1020 Old Bass River Rd
Address

Dennis
City

Massachusetts
State

02638-2523
ZIP Code

Libraries and Archives
SIC DESCRIPTION

6010
SIC CODE

Independent
ENTITY TYPE

Under \$500,000
COMPANY SALES

735,899.98
REVENUE (USD)

Massachusetts
COUNTRY/REGION

YES
MEDICAL INSURANCE



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