



**State of Rhode Island and Providence Plantations**  
**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** (*Entity Name is only required for a Certificate of Non-Existence*)

ID	ENTITY NAME	CERTIFICATE TYPE
000016294	KONSTANTINOS, INC.	Good Standing Certificate

**Total Fee: \$22.00**

**Filer's Contact Information**

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

Contact Name: KATHLEEN KOURAKIS

Business Name: BASILS RESTAURANT

No. and Street: P.O. BOX 3287  
22 KINGSTOWN ROAD

City or Town: NARRAGANSETT State: RI Zip: 02882 Country: USA

Contact Phone: (401) 789-3743 ext:

Contact Email: BASILSRI@VERIZON.NET

**Please provide an email address to receive an expedited response from us if the filing is rejected for any reason. If no email address is provided, we will respond by mail.**