

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
000505553	CIOE HOSPITALITY, LLC	Good Standing Certificate
000156634	CIOEWG, LLC	Good Standing Certificate

Total Fee: \$89.00

(Enter a contact name, mailing address and email.)	
Contact Name: LINDA REKAS SLOAN, ESQ.	
Business Name: SALTER MCGOWAN SYLVIA & LEONA	RD, INC.
No. and Street: <u>321 SOUTH MAIN STREET, SUITE 301</u>	
City or Town: <u>PROVIDENCE</u>	State: <u>RI</u> Zip: <u>02903</u> Country: <u>USA</u>
Contact Phone: (401) 274-0300 ext:	
Contact Email: <u>TFRENCH@SMSLLAW.COM</u>	
Please provide an email address to receive an expedited rea	sponse from us if the filing is rejected for
any reason. If no email address is provided, we will respon	d by mail.

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