RALPH MOLL	State of Rhode Island and Providence Plantations Office of the Secretary of State	
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
000055848	Newport Hospitality, Inc.	Good Standing Certificate
Filer's Contact Information (Enter a contact name, mailing address and email.) Contact Name: MARSHALL STROLL		
Business Name: NEWPORT HOSPITALITY, INC.		
No. and Street: 221 THIRD STREET		
<u>SUITE 201</u>		
City or Town: NEWPORT State: RIZip: 028		State: <u>RI</u> Zip: <u>02840</u> Country: <u>USA</u>
Contact Phone: (401) 848-2264 ext:		
Contact Email: <u>MARSHALL@NEWPORTHOSPITALITY.COM</u>		
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.		
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