



**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
000008825	Village Inn Recreation Partners, Inc.	Good Standing Certificate

**Total Fee: \$22.00**

**Filer's Contact Information**

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

Contact Name: SACHIN PATEL

Business Name: VILLAGE INN RECREATION PARTNERS

No. and Street: 1 BEACH ST

City or Town: NARRAGANSETT

State: RI

Zip: 02882

Country: US

Contact Phone: 401-391-5590 ext:

Contact Email: SPATEL6464@GMAIL.COM

**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.**