



**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
000004019	CHARLESTOWN WILLOWS, INC.	Good Standing Certificate

**Total Fee: \$22.00**

**Filer's Contact Information**

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

Contact Name: KENNETH DUHAMEL

Business Name: CHARLESTOWN WILLOWS INC

No. and Street: 5310 POST RD

City or Town: CHARLESTOWN

State: RI

Zip: 02813

Country: USA

Contact Phone: (401) 364-7727 ext:

Contact Email: WILLOWSRESORT@COX.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.**