



**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 |
|-----------|--------------------------|---------------------------|
| 000076762 | SAILING EXCURSIONS, INC. | Good Standing Certificate |

Total Fee: \$22.00

Filer's Contact Information

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

Contact Name: DEBORAH ARNOLD

Business Name: SAILING EXCURSIONS INC

No. and Street: PO BOX 1155

City or Town: NEWPORT

State: RI

Zip: 02840

Country: USA

Contact Phone: (401) 846-9565 ext:

Contact Email: DEBBIE9565@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.