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
000304568	WEEKAPAUG INN RESTAURANT, LLC	Good Standing Certificate

Total Fee: $22.00

Filer's Contact Information
(Enter a contact name, mailing address and email.)
Contact Name: LAUREN MATARESE
Business Name: OCEAN HOUSE
No. and Street: 2 BLUFF AVE.
City or Town: WESTERLY State: RI Zip: 02891 Country: USA
Contact Phone: (401) 584-7066 ext:
Contact Email: LMATARESE@OCEANHOUSERI.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.