



**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
001666899	WOODSPRING SUITES PROVIDENCE LLC	Good Standing Certificate

**Total Fee: \$44.00**

**Filer's Contact Information**

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

Contact Name: LESLIE FOWLER

Business Name: WOODSPRING HOTELS

No. and Street: 8621 E 21ST STREET N

STE. 200

City or Town: WICHITA

State: KS

Zip: 67206

Country: USA

Contact Phone: (316) 631-1369 ext:

Contact Email: LFWOWER@WOODSPRING.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.**