



**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
000077117	BREEZEWAY FAMILY RESORTS, INC.	Good Standing Certificate

Total Fee: \$22.00

Filer's Contact Information

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

Contact Name: JOHN BELLONE

Business Name: BREEZEWAY FAMILY RESORTS

No. and Street: PO BOX 1997

City or Town: WESTERLY

State: RI

Zip: 02891

Country: USA

Contact Phone: (401) 348-8953 ext:

Contact Email: JOHN@BREEZEWAYRESORT.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.