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

ID	ENTITY NAME	CERTIFICATE TYPE
000093867	WEEKAPAUG GOLF CLUB	Certificate of Good Standing

Filer's Contact Information
(Enter a contact name, mailing address and email.)

Contact Name: JACK TOSONE
Business Name: WEEKAPAUG GOLF CLUB
No. and Street: 265 SHORE ROAD
City or Town: WESTERLY State: RI Zip: 02891 Country: USA
Contact Phone: 401-322-7870 ext: 121
Contact Email: JTOSONE@WEEKAPAUGGOLFCLUB.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.