



**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
000159440	SEAPORT GRILLE & RAW BAR, LLC	Certificate of Good Standing

Filer's Contact Information

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

Contact Name: William Collins

Business Name: The Port

No. and Street: 359 Thames St
Unit LC1

City or Town: Newport State: RI Zip: 02840 Country: USA

Contact Phone: 401-862-0500 ext:

Contact Email: collins6891@cox.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.