



**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
000123106	WM HOTEL GROUP LLC	Certificate of Good Standing

**Filer's Contact Information**

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

Contact Name: Priscilla West

Business Name: WM Hotel Group LLC

No. and Street: PO Box 2516

City or Town: Fall River

State: MA

Zip: 02722

Country: USA

Contact Phone: 508-679-1180 ext:

Contact Email: Priscillaw@FirstBristol.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.**