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
000064127	NEWPORT PLAYHOUSE and CABARET RESTAURANT INC.	Certificate of Good Standing

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

Contact Name: Jonathan Perry
Business Name:
No. and Street: PO Box 451
City or Town: Newport State: RI Zip: 02840 Country: USA
Contact Phone: ext:
Contact Email: audrey@newportplayhouse.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.