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
000104375	WOOD RIVER GOLF, L.L.C.	Certificate of Good Standing

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

Contact Name: Kathleen Thompson
Business Name: Wood River Golf LLC
No. and Street: 9 Wicasta Farm Rd
City or Town: Hope Valley State: RI Zip: 02832 Country: USA
Contact Phone: 4015397760 ext:
Contact Email: kthompson3549@yahoo.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.