	ce Plantations State	5		
HOPE	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		
000142174	SURFSIDE MOTEL, LLC	Certificate of Good Standing		
Filer's Contact Information (Enter a contact name, mailing address and email.) Contact Name: Sandra Berardo, Esq. Business Name: James V. Aukerman & Associates, LLC No. and Street: 60 So. County Commons Way Suite G4				
City or Town: Wakefie Contact Phone: 401315 Contact Email: sib@au	0347 ext:	State: <u>RI</u>	Zip: <u>02879</u>	Country: <u>USA</u>
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.				
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