



**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
000076762	SAILING EXCURSIONS, INC.	Certificate of Good Standing

**Filer's Contact Information**

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

Contact Name: Deborah R Arnold

Business Name: Arnold Bookkeeping Service

No. and Street: 56 Poplar Street

City or Town: Newport

State: RI

Zip: 02840

Country: USA

Contact Phone: 4016621711 ext:

Contact Email: debbie@arnoldbookkeeping.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.**