



**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
001657609	Manisses Restaurant, Inc.	Certificate of Good Standing

**Filer's Contact Information**

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

Contact Name: Blake Filippi

Business Name: Manisses Restaurant, Inc.

No. and Street: 17 Josephine Dr.

City or Town: Charlestown

State: RI

Zip: 02813

Country: USA

Contact Phone: 4017442242 ext:

Contact Email: blake@hotelmanisses.com