

State of Rhode Island 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
000377744	Oak Street Partnership Inc.	Certificate of Good Standing

Filer's Contact Information

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

Contact Name: <u>Matthew Cullen</u>
Business Name: <u>Kerry Hill Club</u>

No. and Street: 9 Oak St

City or Town: Newport State: \underline{RI} Zip: $\underline{02840}$ Country: \underline{USA}

Contact Phone: ext:

Contact Email: MCCullen@mac.com

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