

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
001685075	The Newport Shipping Company LLC.	Certificate of Good Standing

Filer's Contact Information

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

Contact Name: <u>ALTON SLAWSON</u>

Business Name: THE NEWPORT SHIPPING COMPANY LLC.

No. and Street: 71 LONG PASTURE WAY

City or Town: TIVERTON State: RIZip: 02878 Country: USA

Contact Phone: $\underline{2038369081}$ ext:

Contact Email: <u>CLAYTON.SLAWSON@SHIPNEWPORT.COM</u>

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